CHILINST& DRUCESI

The newsweekly for pharmacy

October 25, 1986

a Benn publication

Hitch with PPSCs as contract Bill moves through Lords

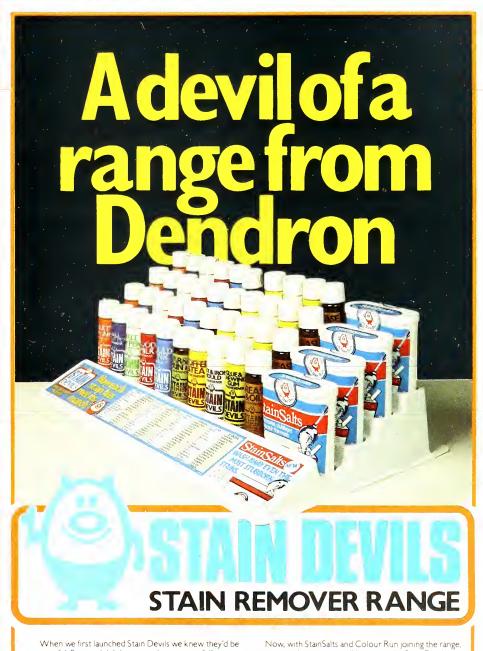
PSNC makes its recommendations on Nuffield

The NPA's NI
politician
— a profile of
Thos O'Rourke

Lloyds go for full listing in early November

Will you hear he Big Bang?

C&D investigates



When we first launched Stain Devils we knew they'd be successful. But we didn't know just how successful! Sales have been exceptional and they've been growing ever since.

Now, with StainSalts and Colour Run joining the range, even more housewives will be seeing the Stain Devils advertising. So you simply can't afford not to stock Dendron's devilish range.

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NEWS FROM CUSSONS

No bat's blood, balsam or basil

When Cussons set about formulating their first-ever shampoo, the brief to the scientists was quite specific - keep it simple. No bat's blood, basil, or self-balancing gobbledygook. With a name like Imperial Leather Gold at stake, quality and luxury were the only essential ingredients.

Now, six months after launch, the near universal presence of Imperial Leather

Gold on shampoo fixtures is being rewarded by a healthy rate-of-sale and repeat purchase. An important new brand is born.

With the new product Cussons has deliberately defied many of the taboos of the shampoo market, relying instead on listening to consumers. Their disbelief in the value of the quasi-scientific promises and extraordinary additives that dominate so many shampoos was the key to Imperial Leather Gold.

But continual promotional support is also vital and Imperial Leather Gold has its fair share. A first wave of television exposure has been followed by magazine adver-



The Imperial Leather 'Gold' look.

tising and now the most powerful incentive of all-money-off coupons. Imperial Leather soap, Dry deodorants, Shower Gel and Talc feature over six million coupons during September and October worth a total of £400,000 off Imperial Leather Gold purchases.

"This use of the nation's most popular soap to promote its new sister brand has to represent one of Cussons' secret weapons' says sales and marketing director, Colin Hession. "But we are not stopping therespecial 125ml trial sizes, selling at only 49p, will increase sampling by first-time users during the autumn."

MORE IN STORE FOR THE 80'S

Brand Leader Imperial Leather: The soap of the stars

Brand leader in the total toilet soap market Imperial Leather, attracted more fans last year. The famous star of the soaps reported record sales and maintained its impressive

towards Imperial Leather's commanding position. The latest commercial in a long line of glamorous TV advertising was premiered in August. The space age commercial features a luxurious spacecraft complete with the now-familiar family in their triple baths.

the last decade that the sky's the limit!"



Quality and style for babies

The Cussons range, with its sleek white packaging and value-for-money approach, has a modern appeal and caring image, which is why mothers identify easily with the range and find it so attractive.

Attention to quality and detail has paid dividends for Cussons. Of the five products -soap, powder, baby bath, wipes and zinc and castor oil BP-the soap, perhaps more than any other item illustrates this point.

"Mothers have responded exceptionunique 'waisted' shape is easy to grip at

NEWS FROM CUSSONS

14 percent share of the £100m market.

Consistent promotion has contributed

"The space commercial is really quite symbolic for Imperial Leather" says Colin Stevens, Cussons' head of national accounts. "The brand has grown so dramatically over

Space age Imperial Leather - as seen on TV.

Today's generation of young mothers expect baby toiletries to have quality and style as well as being practical to use... which explains the success of Cussons' new range of babycare products, launched earlier this year.

ally well to the soap's practical appeal. The

bathtime," according to Cussons' general sales manager, Mike Davies. "Moreover, it is the only baby soap to be presented in a carton which gives it extra style on-shelf"

Cussons are continuing to promote their new range strongly with banded packs featuring talc and soap, talc and wipes, and twin soaps.



Cussons baby range, a stylish new alternative.

Twin savings



Twin packs from Imperial Leather Dry.

Dream Pearl



Award-winning Cussons Pearl in Natural White and Oyster Pink.



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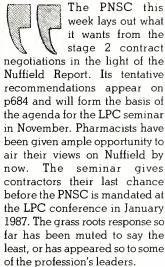
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Maybe if they had been a little more prompt in giving their opinions in order to focus debate, rather than waiting for majority opinion to crystallise, a clearer picture would have emerged. But at this stage it cannot be said that the membership has not had a chance to speak out - and it is getting another in November.

PSNC's working group puts together several objectives that have been separately mentioned



in C&D over recent months. These are necessarily of a financial nature — the rather thornier issue of ethics is left firmly to the Society. The issue of supervision is used to provide an eminently sensible platform to push for an additional pharmacist allowance. A fee related to period of treatment has also been proposed for some time. Both these proposals should now be treated as priorities, the working group suggests. A newer idea is the suggestion of a points system to reward services which are not reimbursed elsewhere by direct payments. These could include health education, attendance at continuing education courses,

provision of counselling areas and domiciliary visiting.

In view of the Government's antagonism to the Basic Practice Allowance the term good practice allowance might seem unfortunate, although this is what a points system would amount to. It would allow a degree of individualisation that has been lacking until now, and is not such an unreasonable suggestion that the DHSS is likely to dismiss it out of hand. A commitment to greater involvement in the community health role is made by repeated calls for the setting up of local drug and therapeutics committees.

The potential storm looming over what will undoubtedly be a reconstitution of the PPSCs (p682) to a new format which is unlikely to find favour with contractors must not be allowed to cloud rational discussion on the realisable objectives set out by the working group. If the Government decides to change the contract package for political expediency there is little PSNC can do at this stage but live

with it.

Contract Bill almost through Lords, but...

Attempts by Opposition Peers to amend the contract clause of the NHS (Amendment) Bill were frustrated by the Government during its committee stage last week. But under pressure from both sides of the House, Health Under Secretary Baroness Trumpington undertook to review the constitution of the Pharmacy Practice Subcommittees which will vet new contract applications.

Opposition Peer Lord Ennals, the former Social Services Secretary, proposed an amendment which would have effectively prevented pharmacy contractors or their employees who sit on PPSCs having a vote. When it became apparent that the amendment would be adopted if put to the vote, Baroness Trumpington undertook to reconsider this part of the Bill.

The report stage of the Bill is due to be heard in the Lords next Tuesday, and it appears the Baroness will come back with an altered constitution for the PPSCs as a political concession to get the Bill through. The Bill will go to the Commons next week. The Government is unlikely to allow further amendments at that stage.

Officials from the Pharmaceutical Services Negotiating Committee and the Pharmaceutical Society expect to meet Ministers on Monday. PSNC assistant secretary Steve Axon told C&D: "We had agreed to a package and part of that dealt with the PPSC. It is disappointing that it has been called into question".

In proposing the amendment Lord Ennals said three members of the PPSC (currently due to be made up of three pharmacists, three lay persons and a lay chairman) may be made up of competitors to the applicant. "At the very most the role of pharmacists on the committee should be purely advisory as the Government has accepted should be the case in the appeals procedure," he said. This was in line with recommendations in the Nuffield Report.

Lord Bruce-Gardyne said he would rather see pharmacists out of the PPSC altogether. Although pharmacists were in a minority on the committee, "it was inevitable they would have a decisive influence," he said. He also reminded the House that the Office of Fair Trading was deeply concerned about these provisions of the Bill. The OFT felt there could be a serious and damaging effect on competition for the custom of the users of chemist shops.

Cross-bencher Lord Harris of High Cross said: "It is rumoured that the PSNC, so determined was it to insist on the right to exercise its influence against any kind of new entry, said it might withdraw from the contract if the Government had the gall to ask it to do the decent thing and surrender gracefully its disputed right to vote."

Baroness Trumpington acknowledged the concerns of the OFT, but pointed out it had no responsibility for NHS spending. "We are not restraining trade to achieve a better service; we are changing that system so that the NHS can decide who should provide its pharmaceutical service. Neither are we wiping out budding entrepreneurial pharmacists — the service must respond to changing demand."

Another amendment from Lord Ennals, designed to relieve applicants of the responsibility to establish the case for the granting of a contract and requiring FPCs to approve the application unless there were reasonable grounds for refusing it was defeated by 63 (123-60).

He claimed that it would protect the interests of small high street pharmacists who were able to develop an understanding of the needs of their patients and a relationship with local doctors which could seldom be matched by the big retail chains.

Baroness Trumpington stressed that a limitation on entry had formed part of the contract package. She said it would make a contribution to the £4m savings which the overall package was expected to provide, and maintained that a continued indefinite and open-ended expansion of pharmacy numbers could not be justified. The number of NHS pharmacies was growing by about 200 a year, and as each NHS contract cost £50,000 a year a limit was required, particularly as NHS pharmaceutical costs were close to £500m a year in the UK (not counting the cost of the drugs dispensed).

The need to restrain further pharmacy growth was supported by Conservative Peers and speakers from the non-party cross benches such as the Earl of Halsburg.

Computer scripts safer

For most doctors, the computer provides a much better and safer method of issuing repeat scripts, according to a study published by the Department of Health.

The study compared 65 practices that had been using computers for over two years with 27 non-computer practices, and 10 with a high use of computers. There was no difference between non-computer and computer practices in the reported changes towards generic substitution over the past year. In both groups about half the practices reported some change in policy in this area. Prescribing costs in both groups were lower than national costs.

The report, "A prescription for change" (HMSO £7.20), follows the final report on the Micros for GPs scheme published last year. Among recommendations for the future is the suggestion that computers could be used to make more and better information available to patients, including direct access to health education advice. There is also a need for a national strategy of information system development in primary health care, the report says.

Morbid stats

More patients consulted their doctor about respiratory problems than any other group of diseases, according to a report published last week.

"Morbidity Statistics from general practice 1981-82" compiled by the Office of Population Censuses & Surveys is the third study of its kind and is based on data from 143 doctors at 48 practices in England and Wales caring for over 330,000 people (HMSO £15.90).

Consultations about respiratory illness most often concerned colds, tonsillitis and bronchitis, says OPCS. The number of patients consulting about problems with their muscles and joints increased by 46 per cent since the last study in 1971/72, particularly for backpain (up 65 per cent) osteoarthritis (up 36 per cent) and rheumatoid arthritis (up 24 per cent).

The number of patients suffering from heart attacks was up 14 per cent compared with 1971/72, and the number with high blood pressure had increased by 91 per cent. However, only 8.5 per cent of patients consulted for circulatory disease (a 28 per cent increase on figures for 1971/72).

Arsonist back in court

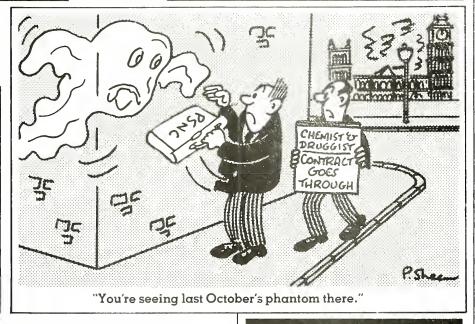
A pharmacist who was jailed for setting fire to his pharmacy in Knutsford was back in court recently for not paying £40,000 legal costs.

Mr John Paraskevas was ordered to pay the £40,000 at Knutsford Crown Court in June 1984, when he was convicted of arson, damaging property and attempting to obtain £130,000 insurance money by deception. When the order was made, the judge took into account Paraskevas' assets — which at one time were said to total more than £200,000.

But at Knutsford Magistrates Court recently Mr Simon Armstrong, defending, said Paraskevas now owned about £500 and had not got the means to pay the costs. "Since he came out of prison he has not been working, he has no capital and no savings," he said.

Mr Armstrong said that when the order was made no account was taken of Mr Paraskevas wife's equitable interest in his property. And Mrs Paraskevas had begun divorce proceedings against her husband for his "unreasonable conduct" shortly after he began his seven year sentence, which was reduced to five years on appeal.

"Her way of skinning the cat was to procure a share of her husband's property," Mr Armstrong said. Her claim totalled £81,000 — exactly half the value of their luxury house in Lower Peover. Paraskevas had paid £42,000 of the £81,000



claim for a house in Holmes Chapel, where his ex-wife now lives.

Magistrates heard that since he came out of prison, Paraskevas had been living with his former wife, paying her board and lodging.

Mr Armstrong said that the house purchase, redemption of his mortgage and legal fees had left Mr Paraskevas with about £38,500 — £38,000 of which he still owed his wife. "This is not a carve up to protect the family's assets," Mr Armstrong said. "He was not delighted about losing £81,000 in matrimonial proceedings."

The case was adjourned to November 5 after Mr Armstrong said he was considering making an application to the crown court to remit the £40,000 costs.

Magistrate Mr E. Beck said he was not entirely satisfied with the figures, and divorce and county court papers are to be investigated.

Devon chemists go campaigning

Devon pharmacists are running a "Medicines with care" campaign aimed to encourage people to store medicines safely.

The campaign, mounted by the Society's local branches, was the idea of Kingskerswell pharmacist Mrs Mary Andrew. Funds came from the branches' publicity grants and all local pharmacists were asked to contribute £10, most of whom did.

Leaflets on medicine safety are being handed out when prescriptions are dispensed and posters are on display in health centres, libraries and doctors' waiting rooms. Information packages were sent to schools and a DUMP campaign was organised from October 13-25.

The campaign, which took 18 months to organise, has attracted much media publicity. Devon Air, the local radio station, broadcast three "chat show" interviews in one of which Mrs Andrew was interviewed for 40 minutes on the role of the pharmacist.

Plymouth proprietor pharmacist Bill Rucker was interviewed for the whole of Television South West's five-minute programme "Action South West" last week. He made several points about poisoning risks and the fact that the campaign was organised by pharmacists.

TVS are running an "Action on drugs" campaign for two weeks starting November 9. There will be 25 programmes on drugs and drug abuse, with phone-ins and an appeal for local organisations trying to combat the problem. Pharmacists in the region have been sent posters advertising the campaign but there are no plans as yet to include them in the television programmes.

PMI courted after Which? hit

Since the Pharmacy Mutual
Insurance company was found to be
the top national performer for
household insurance, the National
Pharmaceutical Association has
been hounded by members of the
public making improper proposals!

In the September edition of the Consumer Association magazine Which?, PMI was rated best buy in three categories (C&D, September 6 p357). Since then PMI manager John Hart says he has noticed an up-turn in the number of inquiries about their service. Around 50 telephone callers have mentioned the Which? article as their reason for calling, and a further 30 completed proposal forms have been returned by non-pharmacists. Until now PMI has left the final check against the PSGB Register until the applicant filled in

the form.

John Hart appears both completely unabashed and unsurprised by his brash, non-pharmacist suitors: "When you're the only company in the land with home all risk excess of just £15 — everyone else is at least £50 — and when you're the only company with free renewal every fifth year for a no-claim record, then it's little wonder the public has reacted in this way," he says.

Claim stopped

Herbalife (UK) Ltd have withdrawn a leaflet for a slimming diet plan after a complaint to the Advertising Standards Authority.

The plan claimed consumers could "lose up to 29lb in the first month", that "the programme is designed to burn off calories" and "reduce fat caused by fluid retention". The ASA said it did not conform to the advertising code.

Contract priorities drafted for LPC seminar

The Pharmaceutical Services Negotiating Committee has released a draft of its working group's conclusions on the Nuffield Report.

The report, which has not as yet been approved by PSNC itself, forms the major part of the agenda for the LPC seminar on November 12, and is given in abbreviated form below.

The seminar is seen as giving LPCs an opportunity to express their views prior to the finalisation of the PSNC report, which will be used as a basis for the Committee's response to the Department of Health at the end of the year.

The Nuffield Report recommendatons are given first. A summary of the working group's discussion follows, with a note of any financial implications, and finally the recommendation (where appropriate) to the PSNC.

1. The assistance given by new technology, including computers, to the conduct of phormocy is to be welcomed.

Pharmacists already make considerable use of new technology. The working group welomes steps towards direct links between the PPA and contractors. The possible effect on the profit margin of a more efficient pricing network needs considering.

The capital cost of computer equipment is not currently included in capital employed. If it were to be leased the rental would be accepted in the overhead cost inquiry for reimbursement. Should the profit margin continue to be paid on the basis of capital employed the NHS debt element within that figure would be substantially reduced with serious repercussions as far as payment to contractors is concerned. The benefit of one months improved cashflow would be negligible compared to the reduction in NHS remuneration.

Recommendation: The opportunity for an improved service to patients which might result from the introduction of new technology was welcomed.

The profit margin must be based on sound commercial principles, and these should not be affected by new technology. The PSNC recommends the retention of ½ per cent discount received due to computer ordering, the payment of a fee for the keeping of patient records and payment for advice on drugs as part of the practice allowance.

Consideration should be given to introducing a supplementary fee to

recognise the pharmacists' contribution to improved efficiency in prescription pricing.

2. Dispensing will continue to be an important octivity within pharmocies but the phormocist's future professional role should be seen in terms of greater collaboration with other health care professionals; and greater involvement with the public.

The profession should take the initiative and set up meetings with other professions, eg drug and therapeutics committees.

Recommendation: The working group welcomed rec. 2 and particularly draws the attention of the PSNC to the need to encourage the setting up of drug and therapeutics committees at FPC level.

"The profession should set up meetings with other professions, eg drug and therapeutics committees"

3. Systematic orrongements are needed to enable community pharmacists to co-operote with GPs to increose the effectiveness and reduce the costs of prescribing.

The contribution of pharmacists to cost effectiveness in hospitals was acknowledged, also that hospital doctors are used to pharmaceutical input. This is less the case in community pharmacy, in that GPs tend to encourage the medical mystique and do not wish to consult pharmacists about prescribing. Encouragement should be given to the setting up of drug and therapeutic committees and consideration might be given to payments being made to committee members.

Whether the profit formula remains on the present basis or is changed to a return on turnover, the effect of lower drug costs will be substantially the same. Although the profit margin may be depressed in cash terms this would be offset by the cash flow advantage of a lower working capital. Recommendation: That the PSNC support this recommendation. A "no detriment" position could be achieved by retention of discount or other means. Payment for membership of a drug and

therapeutics committee on an item of service basis is recommended.

4. Personal involvement of pharmacists in giving advice on medicines should be concentrated on those most likely to benefit from it. Wherever drugs form an important part of treatment it is likely that both potient and NHS would benefit from a more active involvement of the pharmacist. Porticular groups should be encouraged to register with a single pharmacy.

In the Pharmacists 's Charter the PSNC has emphasised the need to increase the counselling role of pharmacists. Certain groups should be encouraged to register with pharmacies, eg diabetics, the chronically ill and the aged. This would assist pharmacists to keep patient records. PSNC is convinced that registration should not be mandatory.

If record keeping became an accepted pharmaceutical service suitable payment should be made as an additional item of service

Recommendation: The working group generally supported rec. 4 provided that suitable payment could be negotiated for any additional work involved. The opposition of the PSNC to mandatory patient registration is re-affirmed.

5. Phormocists could help in the treatment of certain patients of home and in the provision of phormoceutical services to nursing homes and other residential establishments.

Domiciliary services and services to nursing homes and other residential establishments should be part of the community services.

Appropriate payment should be made for the services as an item of service payment.

Recommendation: This proposal is supported provided that financial recognition be given.

6. There is a role for pharmacists in health educotion in co-operation with other health core professionals.

Payment for this type of service could prove difficult on an item of service basis and it might be included as part of a good practice allowance for those who provide it.

Recommendation: The recommendation is supported. Consideration should be given to payment by means of a good practice allowance and/or individualisation of premises allowance to reimburse directly contractors for the cost of space dedicated to health education.

9. The present system for remuneroting community pharmocists under the NHS contract octs counter to the exercise of their professional role and needs to be changed.

This is a statement of fact which PSNC has frequently drawn to the attention of DHSS. The Pharmacists' charter was the general response to this criticism of the remuneration system. With the end of the Basic Practice Allowance the PSNC

PSNC RESPONSE TO NUFFIELD

suggested that the professional role could be rewarded by a points system. Payments should be made dependent upon the services provided by pharmacy which are not reimbursed elsewhere by direct payments.

Rec. 6 on health education is a service which could be remunerated within a points system. Other examples could be postgraduate education courses, the provision of quiet counselling areas.

Recommendation: This should be supported by the PSNC and used as an argument for the introducton of a practice allowance to be paid to contractors on a points system and the payment of an additional pharmacist allowance.

10. The law should continue to require pharmacies to be under the personal control of a pharmacist. This requirement should be satisfied if the pharmacist, while temporarily absent, can be contacted. In the pharmacist's absence staff should be allowed to do neither more nor less than they are permitted to do in his presence.

Additional pharmacist allowance essential if a wider role is to be taken on

The working group firmly felt that pharmacists would continue to use their professional judgement properly in this matter. In was important to take account of current discussions on the maintenance of good standards of practice, any relaxation of which would result in a reference to a service committee or the professional body, which could exact a severe penalty.

The additional pharmacist allowance was considered essential if there were to be changes as envisaged in rec. 2 because of the increased workload it would entail. A two tier payment system was considered: (a) The lump sum payment of an additional pharmacist's allowance where an additional pharmacist was employed full time — (specifically where the pharmacy dispensed more than 28,000 scripts per annum) based on a 40 hour week, pro rata payments being made for part time pharmacists.

(b) At a level of between 16,000 and 28,000 scripts per annum, a payment should be available for the employment of a pharmacist paid on a per prescription basis.

(c) Where less than 16,000 scripts per annum were dispensed the pharmacy would not qualify for any additional payment but it would be necessary to include, within the remuneration structure, sufficient payment as a contribution towards locum costs for holidays, and sickness. Consideration



The second of Vestric's "family days" was held at Ashton Court Mansion, Bristol on Sunday, October 5. A crowd of over 4,500 gathered to celebrate Vestric's 20th year in wholesaling, and events included Morris men, Punch and Judy, life sized Care Bears and an inflatable castle

could be given to negotiation of variable hours of service to enable the pharmacist to take on other NHS duties outside the pharmacy.

Recommendation: The working group welcomes rec. 10 but considers that, linked with changes in the supervision element it is essential to consider the need for additional pharmacist cover.

11. Many pharmacies do not come up to the standards laid down by the PSGB. Both the PSGB and the Statutory Committee should do more to enforce them.

There was general support for the recommendation. The capital costs of any improvements must be reimbursed if the current profit formula remains.

Recommendation: The general principle within rec. 11 is supported but the use of the word "many" is disagreed with.

12. That part of any premises which provides NHS pharmacy services should be visually distinguishable from parts devoted to other activities. Any pharmacy contracting to provide advisory services should be required to have adequate accommodation for confidential consultation.

This is another item which could come within the practice allowance. It was agreed that a separate room for consultation was not desirable. It would be preferable for an adequate area, within the pharmacy, to be set aside.

Recommendation: Where possible pharmacists should be encouraged to set part of the pharmacy aside for NHS consultation. Payment should be considered within a practice allowance system. More individualised payments should be made for the direct use of space for NHS purposes within the pharmacy.

13. "The NHS Contract should specify the range of services to be provided. The means by which this is done, including the degree of supervision exercised by the pharmacist, should be a matter of professional conduct."

14. "It should be for the pharmacist to determine how he exercises his professional responsibilities, subject to the guidance and jurisdiction of the Society."

It was considered proper for the Pharmaceutical Society to have jurisdiction in this. If an NHS contract is granted then this would permit the dispensing of drugs and dressings. All other services, oxygen domiciliary visits, visits to nursing homes and membership of the drug and therapeutics committee would be separately contracted for to supply local needs.

Recommendation: These proposals are fully supported.

15. There is a need for the introduction of a computer based system for handling repeat prescriptions.

PSNC has always recommended repeat prescriptions to give more cost effective pharmaceutical services. The recent tendency for GPs to order larger quantities on scripts was noted and PSNC's view that the professional fee should be related to treatment period re-affirmed. This should be a high priority item in negotiations.

Although, on an individual basis, a fee related to a treatment period has considerable implications, the effect on the global sum is minimal.

Recommendation: Rec. 15 was supported but was considered not to go far enough. Further pressure should be applied to the DHSS to agree to a repeat script system along the lines of the triple copy format previously put forward. Negotiations towards a fee related to the average treatment quantity should be vigorously pursued as a priority.

17. The Society should concern itself more in the training of technicians and other ancillary staff and issue professional guidance on it.

concluded on p700



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£ 1.882	£ 2.95	26%
£12.484	£ 18.95	24%
£ 6.256	£ 9.95	28%
	£89.667 £ 4.708 £ 1.028 £ 1.882 £12.484	£89.667 £134.95 £ 4.708 £ 6.99 £ 1.028 £ 1.45 £ 1.882 £ 2.95 £12.484 £ 18.95

*All margin calculations are gross margin on return

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NEWS TOPICAL REFLECTIONS

No decisions yet on OPD

There still seems to be no headway being made at the Department of Health or within the industry on decisions about original pack dispensing.

The report from the DHSS subcommittee on OPD is still doing the rounds of the various subcommittees at the Department with no indications of when it

The Association of the British Pharmaceutical Industry is still no nearer a decision as to how to proceed after its meeting on the matter last week. C&Dunderstands that the industry cannot go ahead with OPD until a firm decision is made by the DHSS, to ensure that investments in new packing lines etc are not wasted because of "wrong guesses".

Newton takes on pharmaceuticals

Pharmaceuticals come under the brief of Health Minister Tony Newton in the responsibilities of the new DHSS team.

Mr Newton, who is also chairman of the NHS management board, will take particular interest in primary health care, personal social services waiting lists, family planning and AIDS. Social Security Minister John Major keeps his Minister for the Disabled portfolio, while Under Secretary for Health Mrs Edwina Currie will take on women's health matters, services for children, prevention, and drugs and alcohol abuse.

Withdrawal of Suprol

Ortho-Cilag have withdrawn their non-steroidal anti-inflammatory Suprol.

The company says that the drug is no longer economically viable due to its limited sales volume. Pharmacists should return any stock to their normal wholesaler for full credit.

In a letter to doctors, Ortho say four cases of loin pain associated with reversable renal insufficiency were reported in the UK. All patients recovered from the reaction, which was thought to be due to a uricosuric action of suprofen.

Fair comment

It is your right to comment on what I have written. I suspect it is why this column exists, with me as piggy in the middle reacting to what I read and hear day to day in my little pharmacy igloo.

It is rather nice to have letters, even though they don't always go along with what I think. This week I had a couple. One referring to my article on drug addiction which I called "In Love . . . It was from Mr J. Irvine of Largs, Ayrshire, who thought I might be interested in a quotation he uses when addressing drug seminars. He says:

It is from Burn's "Address to the unco Guid" (which I believe means . . . "To the excessively righteous.") Since it was written 200 years ago it does not refer to drug addicts, but I have always thought it appropriate. It has been rendered into English for those not immediately familiar with the lowland Scottish of 200 years ago. "Then gently scan your brother man, still gentler sister woman,

Though they may go a little wrong, to step aside is human,

But one point still must dark remain, the moving 'Why' they do it

And e'en more lamely can you mark, how far perhaps they rue it."

A more succinct observation I have rarely read. It is a gentle check to those who could be a trifle light on understanding. It doesn't mean we go along with them, but by being less censorious we might be able to encourage them towards better things.

I was talking again to one of my addicts who today finished his last methadone withdrawal dose. He wanted someone to mark it with him, even if it was only the chemist. It was interesting to have his comment on the treatment which had taken 18 months. He had been on illicit heroin in high but irregular doses, with indifferent quality producing further problems. When first put on methadone, he didn't believe his luck. "High for a week," was how he described it.

Apparently addiction to one drug does not produce a parallel dose response from another. While another addict — also about at the end of his treatment thought it was better to go "cold turkey" and suffer the withdrawal pains and be done with it. The first said it was the support from the doctor and the chemist which kept him secure enough to move house, keep out of the way of the pushers, and even get a job, rebuilding a marriage as well. He had his failures, twice during the time I supplied him. So, my earlier assumptions that, once addicted to hard drugs you were damned forever, is shown

to be not always so. I'm glad to be wrong.

He said in most centres there was always a chemist who would supply syringes. My immediate reaction was to think of some ghastly run-down renegade pharmacist flogging syringes to addicts to make a dishonest fast quid or two. I had to laugh. He was describing me!

Perplexed

The second letter was a pharmacist, whose name, out of sheer kindness I shall omit.

"Dear Xrayser", it said. "Please can you tell me how giving syringes away free to gays can prevent spreading AIDS unless they also happen to be drug addicts, which I am sure is unlikely except in very few cases. Yours . . . a little perplexed."

My reason for advocating the supply of sterile disposable syringes to mainlining addicts was that, in terms of social consequences alone, it was preferable to them injecting themselves with filthy equipment in conditions almost guaranteed to produce cross infection. The AIDS question is secondary, being the consequence of promiscuity not unrelated to the need to earn money to support drug taking. Perhaps "Little perplexed" should consider buying a newspaper, radio or even a television to find out what happens nowadays?

Take courage!

Carry on, you're doing well. Alan Nathan's pain at discovering the reality of how limited is the real power of the Pharmaceutical Society is manifest in his letters to the Press (last week, p665). But, like me, he still thinks Council had long lacked the moral fortitude even to try to affect changes. His description of the problems put in the way of the Society's acting against leapfroggers are those thrown at me more than once.

Objections to action are given as: (α) How do you describe a leapfrogger? and (b) If action were taken it might well be overturned by the courts. It is not hard to define a leapfrogger when the situation is one of close proximity and effect unmistakeable. The Society ought to bring the miscreant before committee, then sanction him if necessary, fight the case at appeal and if we lose, go to Parliament.

I reckon the bulk of pharmacists would support such action. Many Council members have been folk who mean well. but, having a substantial employed executive to run the Society, tend to leave things to them. With some caution I suggest there may be major changes of outlook in that executive.

THE BATTERIES IN T

THE LONG LIFE BATTERY MARKET IS CHANGING.

THE INCREASING USE OF PERSONAL STEREOS AND PORTABLE RADIO CASSETTES MEANS THAT MORE AND MORE PEOPLE BUY LONG LIFE BATTERIES REGULARLY.

THAT'S WHY OUR NEW ADVERTISING IS SLANTED AT THEM.

THE CAMPAIGN IS BASED ON EXCITING MUSIC TRACKS AND DAZZLING SPECIAL EFFECTS.

YOU SEE THE BATTERIES LIGHT UP AND MOVE IN TIME TO THE MUSIC TRACKS, JUST LIKE THE BALANCE LIGHTS ON HI-FI EQUIPMENT.

THE CAMPAIGN HAS BEEN THOROUGHLY RESEARCHED.

OUR AUDIENCE THOROUGHLY LOVE THE IDEA.

WE GUARANTEE IT'S GOING TO JUMP RIGHT OUT OF THE SCREEN. AND NOT JUST THE TV SCREEN.

WE'RE ALSO PROMOTING GOLD SEAL IN THE CINEMA AND ON POSTERS UP AND DOWN THE COUNTRY.

IT'S THE MOST EXCITING ADVERTISING FOR BATTERIES EVER SEEN.
AND THE MOST MONEY WE'VE EVER SPENT.

OVER CHRISTMAS WE'RE SPENDING AROUND £4 MILLION.

EVER READY ALREADY SELL MORE BATTERIES THAN ANY OTHER MANUFACTURER.

NOW WE INTEND TO SELL MORE LONG LIFE BATTERIES THAN ANY OTHER MANUFACTURER.

IE WITH THE MARKET.



THE HEART OF THE MACHINE.

Azactam injections

E.R. Squibb are claiming a major breakthrough with the launch this week of aztreonam, the first of a new class of antibiotics — the monobactams.

Aztreonam is a parenteral antibiotic for the treatment of serious hospital infections, with a specific spectrum of activity against Gram-negative aerobic pathogens, now the predominant cause of hospital infections. These include Escherichia coli, the Klebsiella/Enterobacter/Serratia group, and Pseudomonas aeruginosa.

In a major multi-centre UK trial, involving 90,000 Gram-negative isolates, 96 per cent overall were found to be susceptible to aztreonam, comparing favourably with gentamicin (94 per cent), cefotaxime (90 per cent), and piperacillin (83 per cent).

Among the advantages claimed for aztreonam are a lower incidence of side-effects, compared to the aminoglycosides it appears to be free of ototoxic and renotoxic effects. Squibb say aztreonam, unlike many of the beta-lactams, is also resistant to the beta-lactamase enzymes currently produced by some organisms, and has also been shown not to induce their production. There also appears to be no cross-sensitivity with the penicillins and cephalosporins.

Manufacturer E.R. Squibb & Sons Ltd, Squibb House, 141 Staines Road, Hounslow, Middx TW3 3JA.

Description Sterile white to off-white, sodium-free, powder blend of aztreonam and L-arginine (780mg per gramme aztreonam). After reconstitution provides 500mg, 1g and 2g aztreonam activity in 15ml vials, and 2g in 100ml infusion bottles.

Indications Treatment of the following infections caused by susceptible Gramnegative micro-organisms: urinary tract infections, gonorrhoea, pneumonia and bronchitis, bacteraemia, septicaemia, bone and joint infections, skin and soft tissue infections, peritonitis, gynaecological pelvic inflammatory disease and endometritis. Adjunctive therapy to surgery. Bacterial studies to determine causative organisms and sensitivity should be performed. Can be used with other antibiotics in broad spectrum coverage prior to microbiology. Patients with severe Pseudomonas infections may benefit from synergistic action of aztreonam and aminoglycoside. Dosage Intramuscular or intravenous injection or infusion. Adults Dose range 1 to 8g daily, usually 3 to 4g, in divided

doses. Children Safety and effectiveness not established Elderly Renal status major determinant. See Data Sheet.

Contraindications Hypersensitivity to aztreonam. Pregnancy — aztreonam crosses the placenta.

Precautions Specific studies have not shown significant cross reactivity between aztreonam antibodies to penicillins or cephalosporins. Incidence of hypersensitivity to aztreonam in clinical trials low. Experience in patients with impaired hepatic function limited. Therapy may result in overgrowth of nonsusceptible infections. Prothrombin time monitoring recommended in anticoagulated patients. Aztreonam excreted in breast milk in a concentration 1 per cent of maternal serum, so lactating mothers should refrain from breast feeding during therapy.

Side effects Generally well tolerated. The following have been reported: rash, pruritis, urticaria, erythema, exfoliative dermatitis, eosinophilia, increase in prothrombin time, jaundice and hepatitis, some liver function test rises, diarrhoea, nausea/vomiting, cramps, phlebitis and discomfort at injection site. For full list see Data Sheet.

Pharmaceutical precautions Store at room temperature. Good practice to reconstitute immediately before use, but Azactam is stable for 24 hours in a refrigerator.

Supply restrictions Prescription only. Packs 500mg vial (5 £22.40), 1g vial (£8.95), 2g vial (£17.90) and 2g infusion bottle (£17.90) (all prices trade).

Product Licences 500mg vial 0034/0250

lg vial 0034/0251 2g vial 0034/0252

2g infusion 0034/0255 Issued October 1986.

Timentin

Manufacturer Beecham Research Laboratories, Great West Road, Brentford, Middlesex TW8 9BD

Description Vials of sterile powder for reconstitution as intravenous infusions containing clavulanic acid as potassium clavulanate and ticarcillin as ticarcillin sodium. Available as 3.2g (providing 200mg clavulanic acid and 3.0g ticarcillin), 1.6g vials (100mg clavulanic acid and 1.5g ticarcillin) and 800mg, (50mg clavulanic acid and 750mg ticarcillin)

Uses Timentin is an injectable broad spectrum antibiotic, active against a wide range of Gram-positive and Gramnegative, anaerobic and aerobic bacteria. Indicated for treatment of infections in

which susceptible organisms have been detected or are suspected. Full details, see Data Sheet

Dosage Adults (including elderly) Usually 3.2g Timentin six to eight hourly, maximum recommended dosage 3.2g four hourly Children Usually 80mg Timentin per kg bodyweight every six to eight hours. For premature infants and full term infants during the perinatal period the dosage is 80mg Timentin per kg body weight every 12 hours increasing to eight hourly thereafter. For full details, and use in renal impairment, see Data Sheet Administration Intermittent intravenous infusion in water for injections BP, or glucose intravenous infusion BP (5 per cent or less)

Warnings Contra-indicated in cases of penicillin hypersensitivity. Should be used with caution in patients with evidence of severe hepatic dysfunction as changes in liver function tests have been observed. In rare cases bleeding manifestations have been reported following high dosages Side-effects Uncommon, and typical of other injectable penicillins. Animal studies have shown no teratogenic effects, but no experience of Timentin in human pregnancy, therefore not recommended Supply restrictions Prescription only Packs Timentin 3.2g (4 £21.16), 1.6g (4 £10.58) and 800mg (4 £7.22) Product Licence 0038/0329 Issued October 1986

Surgicare update

Squibb Surgicare's System 2 pouches have been upgraded by the addition of soft, textured backing to improve comfort and the use of a new, soft, quiet film. The new pouches — System 2 Combihesive — replace the Surgicare System 2 range of drainable and urostomy pouches, and are additional to the closed pouch range. Existing closed pouches will be retained for patients who wish to use the flatus filter.

A Colodress stoma cap without skin barrier is now available (30 £21.60). Designed as a stoma covering for people who irrigate and do not need the security of a closed end pouch, it has a medical grade, low-allergy adhesive and is equipped with an odour reducing and gas ventilating filter.

A new Ileodress, small, opaque, one piece pouch is designed for patients of small stature or for those occasions when a smaller pouch is preferred. It comes in a range of stoma sizes from 19mm to 64mm; all are packed in 10s with one clip (£15.16). Squibb Surgicare Ltd, Reeds Lane, Morton, Wirral, Merseyside L46.



Seton have something special to shout about . . . our brand new total support package . . .

A range of healthcare products carefully selected to meet the needs of you and your customers, including our brand leader Tubigrip together with Tubifast, Dermatological Cotton Gloves and Thermal Joint Supports . . .



TUBIGRIP



Support for you – our brand new, colour coded cartons are complemented by the new counter and free standing display units.

Support from us – we will offer you our expertise and endless assistance.





For further information contact:

eton Healthcare, Tubiton House, Medlock Street, OLDHAM OL1 3HS. Tel: 061 652 2222

BRIEFS

Mucaine suspension is now available in a 200ml pack (£0.85 trade). Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH.

Cox Pharmaceuticals Ltd have reintroduced paediatric dispersible aspirin as Dispersible Tablets containing aspirin BP 75mg (1,000 £6.05). Cox Pharmaceuticals Ltd, Whiddon Valley, Barnstaple, Devon EX32 8NS.

Temazepam capsules 10mg and 20mg now being distributed by Berk, are a new dark green colour and marked "10" and "20" respectively. Berk Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, Sussex BN21 3YG.

Erythromycin ethylsuccinate suspensions 125mg in 5ml (12 by 100ml £17.76) and 250mg in 5ml (12 by 100ml £27.76) are now available from Berk Pharmaceuticals. Both formulations are presented as granules for reconstitution to 100ml in a cherry flavoured suspension. Berk Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, Sussex BN21 3YG.

Min-i-jet naloxone injections are now available from IMS. The 400 mcg per ml injections are available in 1ml (£5.90) and 2ml (£10 trade). The company has also introduced Min-i-jet dextrose 50 per cent 50ml with luer lock, and sodium bicarbonate 8.4 per cent 50ml with luer lock; the with-needles versions remain available. International Medication Systems (UK) Ltd, 11 Royal Oak Way South, Daventry, Northants NN11 5PJ.

Biorex Laboratories have appointed Astra Pharmaceuticals Ltd as distributors of the following products; 15ml Lignocaine Hydrochloride BP 1 per cent gel; Lignocaine Hydrochloride BP 1 per cent gel antiseptic; 15ml Lignocaine Hydrochloride BP 2 per cent gel; and 15ml Lignocaine Hydrochloride BP 2 per cent gel antiseptic. Astra Pharmaceuticals Ltd, Home Park Estate, King's Langley, Herts WD4 8DH.

Bencard are introducing a new presentation of amoxycillin — Amoxil 750mg sachets SF. The sachets, which are sucrose and tartrazine free, are packed in fours (£2.60 basic NHS) representing a two day treatment course for severe or recurrent otitis media in children aged between three and ten. GPs have been informed of the new product, and Bencard are suggesting the sachets are prescribed as "Amoxil sachets 750mg bd OP". The new presentation is not yet included in the Dental Practitioners Formulary. Bencard, Great West Road, Brentford, Middx.

COUNTERPOINTS



Bright ideas from Beecham

Beecham Proprietary Medicines have produced a full range of display material for pharmacies to support their biggest ever advertising campaign for Winter remedies. Under the campaign theme "Feel brighter with Beecham" the display includes a window unit which highlights all the main brands

To encourage pharmacists to use the display material Beecham are awarding six prizes of Royal Doulton Gold Concord dinner services for the best photographs of window displays. Entry forms are available from the Beecham sales force, and the closing date is December 31. Beecham Proprietaries Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.

Oil's well

Healthcrafts are introducing combination cod liver oil capsules, Codelec, which also contain lecithin, vitamin E, soya lipids and "marine nutrients". Recommended dosage of Codelec is three capsules daily and it retails at £3.55 for one month's supply (available in cases of 6x90 capsules £12.35). Booker Health Healthways House, 45 Station Approach, West Byfleet, Surrey.

Pen pal

The Accupen dial-a-dose insulin syringe has been developed to meet the growing use of basal/prandial insulin therapy. A basal supply of long-acting insulin is supplemented by specific mealtime injections of soluble insulin, which allows diabetics a greater freedom of lifestyle.

The Accupen syringe (£19.50 ex VAT) uses a cartridge containing up to several days supply of fast acting insulin, and the



required dose, up to 28 units, can be accurately pre-set by the dial-a-dose design, which incorporates visible and audible dialling — each increment of two units is accompanied by a "click". When not in use, Accupen clips into the pocket or handbag like an ordinary pen. Spare needles are in 100s (£5.87 ex VAT).

Manufacturers Owen Mumford say they would not expect Accupen to be supplied to diabetics unless recommended by a diabetic clinic. Owen Mumford Ltd Medical Division, Brook Hill, Woodstock, Oxford OX7 1TU.

Vitamins on TV

Fison's Pharmaceutical Division is supporting the Sanatogen Vitamins range with a £1.7m television advertising campaign this Winter. The commercial which launched new packaging for the products last year, will be repeated, and the campaign will be supported by in-store promotions with POS material and an extensive PR programme from October to March, say Fisons PLC Pharmaceutical Division, 12 Derby Road, Loughborough, Leics LE11 OBB.

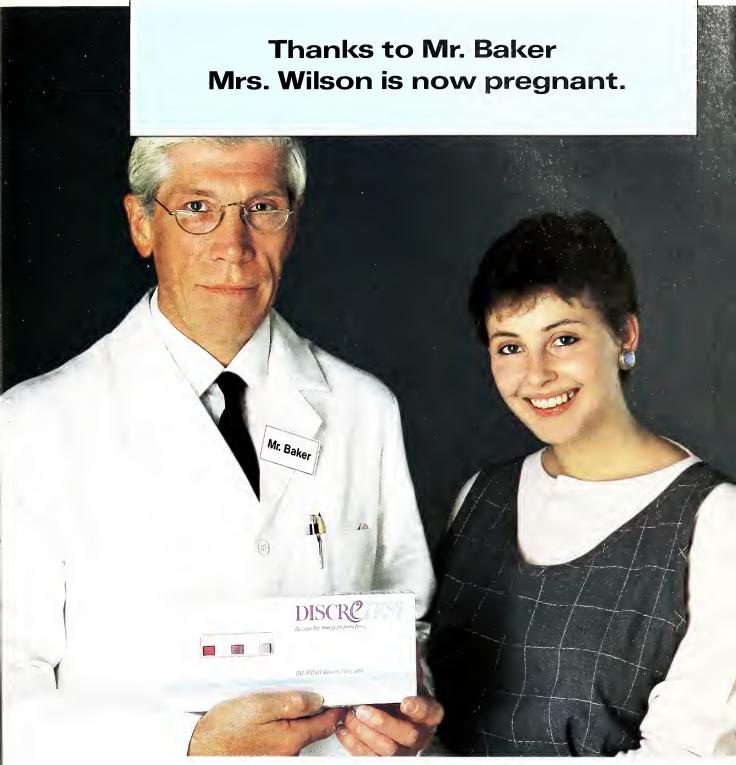
Kitted out

Mentholatum's Cold Relief kit will be supported by regular advertising in national newspapers and magazines during Autumn and Winter 1986. Each kit comprises Mentholatum vapour rub, and a nasal inhaler for day-time use.

The Deep Heat range of rub, spray, and lotion will receive Press advertising support this Winter, says *The Mentholatum Company Ltd, Longfield Road, Twyford, Berkshire, RG10 9AT.*

Bio-calcium is a new diet supplement from Blackmores Laboratories. Each tablet (62 £2.70 rrp) contains 1,200 mg calcium and free from sucrose, yeast, milk derivatives, wheat starch, corn, gluten, preservatives and artificial colours and flavours, say Blackmores Laboratories Ltd, Unit 7, Poyle Tech Centre, Willow Road, Poyle, Colnbrook, Bucks.

Chemist & Druggist 25 October 1986



Chefaro proudly announce the birth of a new product.

We've named it Discretest: the first of a new generation of Ovulation Tests.

Discretest, quite simply, eases the path to conceiving by telling women when they're at their peak of fertility.

Which, in many cases, could save months of fruitless trying.

Naturally, we expect our new arrival to grow healthily.

We estimate that as many as 1 million women a year will be interested in a product like Discretest.

To make sure they know about it, we're

spending half a million pounds on advertising and promotion.

All of which bodes healthy profits for the pharmacist with Discretest on his shelves.

If you'd like more information, telephone us on 0223 312956.

You can be sure that a lot of women will be seeking your advice about Discretest.

And soon after, a good few of them will be hearing the patter of tiny feet.

Thanks, in no small degree, to their local chemist.

DISCRC

· CHEFARO DIAGNOSTIC CARE·

he is 50, 5, 225:38 d oil are, 432:3 ready, 200:9 lies, old, 183:27 lies, old, 183:27 lies bosom, sleep in, 245:22 O father, 254:7 , that I should be, 96:10 Account, a beggarly, 200.3 book, needs no, 378:27 present my true, 167:31 put down to our, 158:6 sent to my, 222:17

449

people as International Chemical Company Ltd., or ICC incompany has recept the trading st

p nc nitehall leading brand, 'Ana n, but the analgesic which is growing fastest is 'Anadin Extra'.

This year the brand has been supported by a £1 million national TV campaign for the first time. With another advertising spend due to begin in November, sales will undoubtedly continue to increase.

Canyou really afford not to stock it?

'Anadin Extra' l sive case histor launched in 1982 company served the demand strong added analgesic pro

Whitehall borato always held be lief added value product will eet with consumer approval. It has been borne out in ir past advertising and new product development.

c and Therapeutie

Sci. Supplement. S. Hirschowitz B. J. Hirschowitz B. J. Levine. R. D. M. Levine. N.J.M. BIRDSALL. N.J.M. BIRDSALL. A.S.V., P. TICMOND.

Hence the combination of aspirin 300mg, paracetamol 200mg and caffeine 45mg has proved to be a winning formula for 'Anadin Extra'.

The company's continuing objective in the analgesic business is to market a range of products with a clearly defined raison d'être that constitute a valuable source of revenant concerned and whose 'quant d'efficacy are widely accept.

COUNTERPOINTS

An Addition to the family

A new baby product sampling operation, New Additions, is being launched to manufacturers this week and will be introduced to consumers in the New Year.

The scheme, similar to the Bounty Bag in concept, offers manufacturers the opportunity for targetted direct sampling of products. New Additions boxes will be delivered to the expectant monther's home in the eighth month of pregnancy.

Also included in the package is a New Additions Directory, published in five regional editions, giving local information in 24 separate service categories. Circulation will reach 550,000, it is claimed. A tape of 30 minutes of pre- and post-natal exercises is being developed for launch in Spring 1987. Both items will provide brand advertising opportunities, say New Additions.

The service will be advertised to pregnant women from January 1987 through a £400,000 national magazine and radio campaign and mothers can apply for the baby package through Freepost or Linkline. Mr Sunil Varma, chairman and managing director comments: "Our new service will provide immense flexibility to manufacturers for sampling their brands. Our data base will enable us to segment and reach specific regional target audiences, according to a manufacturer's own needs."

New Additions are also launching a further sampling scheme for delivery when the baby is three to four months old. New Additions plc, 2nd Floor, 16 Maddox Street, London W1R 9LE.

From Booker

Next month Booker Health are launching a food supplement, Arterol, under the Healthcrafts name. Although not licensed as a medicine, the supplement is claimed to prevent heart disease when used as part of a dietary programme.

The ingredients are niacin 30mg, calcium 325mg, phosphorus 250mg, silicon 75mg, carrageenan extracts 610mg, lecithins 765mg providing phosphatidyl choline 340mg, phosphatidyl inositol 30mg and phosphatidyl ethanolamine 155mg (90 capsules £5.50). The product has been developed over 25 years by the Institute for Arteriosclerosis Research, Los Angeles, a charitable medical research foundation. Booker Health, Healthways House, 45 Station Approach, West Byfleet, Surrey.



Bear Brand Hosiery have two new display units for their Elegance range of fashion tights. The units, holding either 114 or 62 dozen pack trays, are available free from Bear Brand Hosiery Ltd, Allerton Road, Woolton Liverpool L25 7FF.

In camera

Agfa's Mini 12+3 colour print film offering 15 exposures for £0.99 is intended for out of season events such as a weekend break, says the company.

A 12 exposure film is often too short and a 24 exposure film too long for most of these breaks, say Agfa.

The mini film has the same XR100i emulsion as its Maxi counterpart and offers a wide exposure latitude of -2 to +3 stops, say Agfa Gevaert Ltd, Great West Road, Brentford, Middlesex.

Roll up!

Carmen are running a national advertising campaign in major women's weekly and monthly magazines.

The double page advertisements will feature the company's three new hair stylers — the freestyle brush, blow 'n curl and blow 'n shape stylers — and aims to launch the brand's new white packaging. House of Carmen, Carmen House, Deer Park Road, London SW19 3UX.

Nail it down

Bioglan Pronel capsules from Menley & James Laboratories are now available from pharmacies, says the company. The capsules contain high protein gelatin as a treatment for brittle, soft, and flaking nails. The recommended dosage is two capsules three times a day after meals. Menley & James Laboratories, Welwyn Garden City, Herts.

Yardley make it up

Yardley are offering a free make-up bag with two proofs of purchase from the Second Nature skincare range, and are introducing new make-up in the ESP range for the party season.

The Second Nature bag is green and white to pick up the packaging of the range. The offer is being supported by 50p off moisturising lotion, day cream, night cream and cleansing cream.

New colour cosmetics include powder pencils (£1.75) in blue velvet, pink shantung, amethyst silk and brown suede, and pearlised kohl pencil (£1.50) in black pearl and sapphire pearl. There are also four new colours of stayfast lipstick, which features 50p off, and two new shades for stayfast nail polish. Yardley of London Ltd, 33 Old Bond Street, London W1.

Handy!

Parfums Stern UK are introducing a hand treatment to the Oscar de la Renta Activée body care range.

Ingredients in hand treatment complex (£9.50) include avocado oil, collagen, aloe gel, vitamins E, A and D, and palm oil. The new product is packaged in white plastic bottles, cartoned in white with an embossed flower motif and grey graphics. Partums Stern (UK) Ltd, Princess House, 36 Jermyn Street, London SW10.

Nail fitness on Broadway

A new company called Broadway Cosmetics will be marketing the American Barielle nail fitness programme in Britain, available from mid-November.

The range (£4.50 — £9.95) comprises: cuticle minimiser, nail strengthener, liquid nail hardener, nail thickener, nail renewal, and hand and foot care cream.

The company was formed when Clive Collins and Paul Simbler from Hair on Broadway, joined with Maitland Rose from Cosmocair. Broadway Cosmetics, 16 The Broadway, Mill Hill, London NW7.

Andrex are running a promotion in the mid-October issues of Woman's Own and Good Housekeeping — offering cash or shopping vouchers for Andrex proofs of purchase. Distributed by: Bowater-Scott Corporation Ltd, Bowater-Scott House, East Grinstead, West Sussex RH19 1UR.

COUNTERPOINTS



Lip service for Winter

A.H.Robbins are promoting Chapstick regular and flavoured lip balms this Winter with the Chapstick tube bag. In black and white nylon, measuring $18\frac{1}{2}$ by 8in, the bag is available only through pharmacies at £4.99. Display material, including a new stand, showcards and leaflets and the bags are available from company representatives. Together with additional bonuses, the bags are available to pharmacists and counter-assistants. A.H.Robbins Co. Ltd, Langhurstwood Road, Horsham, West Sussex RH13 5QP.

Vouch for it with Kodak

Kodak are offering £500 worth of vouchers with a twin pack of video cassettes.

Attached to each twin-pack of E-180 and L-750 video cassettes will be a booklet of vouchers worth £500 from famous companies — with offers such as £250 off any Ford model stocked at selected Godfrey David branches to £2 off a Pizzaland meal for two. Kodak will be supplying free POS material, and most of the offers will be available until March 31, 1987. Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts HP1 1JU.

Head to come

Roberts & Sheppey are relaunching Melrose skin products in mulberry packaging aimed at the younger skincare market. A display tray holding a dozen 18g stickpacks (£0.70) comes with cards for Summer or Winter use. Roberts & Sheppey, Manor Farm House, Ickford, Bucks HP18 9JB.

Rabbiting on

Varta have announced a poster campaign targetting around 13 million homes.

The posters, advertising the Energy 2000 battery range, feature battery-operated toy rabbits — representing leak-

prone ordinary batteries — being outclassed by the Energy 2000 rabbit. The slogan reads "It goes a long way without a leak".

Running throughout October and November in London, Southern, Lancashire, Yorkshire and Scotland, the campaign is designed to reach 75 per cent of potential battery users, say Varta Batteries Ltd, Varta House, Gatwick Road, Crawley, Sussex RH102XH.

Veil's new six

Thomas Blake have added six new shades to their range of Veil cover creams. The new shades — brown, ebony, amber, yellow, rose and olive — are available in the usual three sizes 19g, 44g and 70g. Thomas Blake & Co, 20 Blatchford Close, Horsham, West Sussex RH13 5RQ.

November news

Unichem's next "passport to riches" promotion runs from November 1-31. The products are:

Aaprı range; Aspro Clear; Beechams Powders capsules and tablets; Cream E45; Fashion style perms; Kleenex for men and super 3; Konica films, Peaudouce carry pack, economy 1 and 2; Pennywise; Recital colourant, highlight kit and superblonde; Robinsons baby foods; Soft & Pure cotton wool range; Wella Hardrock and Shockwaves; Wilkinson retractor disposables.

Profit Power items for November 1-29 are:

Alka Seltzer, Andrews; Atrixo; Baby Ribena concentrate and ready, Badedas, Benadon blister; Biactol; Bisodol; Blisteze; Brut 33; Chapsticks; Clearblue pregnancy test kit; Country Basket diabetic biscuits, miniature jams; Cuticura handcream, ointment and talc; Cymalon; Dimension shampoo; Dimotapp; Discretest ovulation kit; Doans extra strength backache pills; Elastoplast; Fennings children's cooling powders; Hedex; Head & Shoulders; Impuise body spray; Interdens; Libra slims and panty liners; Meggezones; Mentadeni P toothpaste; Nivea; Nulon handcream; Panadol; Pin up; Poly Papilloten; Radox salts and herbal bath; Radian B; Ralgex; Redoxon; Restoria; Rinstead gel and pastilles; Robitussin cough mixtures; Sanatogen; Schol children's thermal insoles; Scotties; Senselle; Seven Seas cod liver oil capsules; Shine hair conditioner; Silvikrin shaders, toners and softly blonde; Soft & Gentle; Sure; Sweetex, TCP pastilles; Tri-Ac acne lotion; Ultrabrite toothpaste; Ultracare 3 handcream; VOS harspray; Veganin; Velvet home perm; Vosene shampoo.

Sundries for November 1-29 are:

Addis hairbrushes and combs; Benjy babywear toys and bibs; Dylon fun paints, Maws Axicare range, training and starter range; Photo albums; Safe and Sound baby listener; Sensodyne toothbrushes; Tablet dispensing tray; Thermos coffee butlers; Unichem bottle brush, feeding bottles, shaving brushes, soothers, sponges and thermometers; Wilkinson Sword scissors. Unichem Ltd, Unichem House, Cox

Lane, Chessington, Surrey.

Shimmering with Coty

Coty Sunshimmer will be introducing factor 6 water resistant tanning lotion next year, which they say has added strength and is suitable for children. Distributed by: Beauty International Fragrances Ltd, 937 Great West Road, Brentford, Middlesex TW8 9DW.

A saver from Savlon

Care Laboratories are running a promotion on Savlon. With every 250ml Savlon liquid bought, on offer at £0.59, customers can write in and get a free Savlon lipcare (usually £0.56). The offer runs until March 31, 1987.

Care Laboratories have also produced a teaching aid package called "Skin deep" for use in secondary schools. The package includes a video, a wall chart, teaching notes with in-depth information and ideas for further lectures, brochures, and leaflets about skin function, antiseptics and skin problems, for pupils. The company expects the project to boost the sales of Cepton products in the secondary school age group. Care Laboratories Ltd, Lindow House, Beech Lane, Wilmslow, Cheshire.

Unichem get plastered

Unichem are introducing a range of ownbrand plasters, all with price offers in November.

The range includes stretch fabric and waterproof (both £0.75, 24 assorted), each with 18p off in November, and a fabric dressing strip (£0.89, 3 by 1cm) with 22p off in November. *Unichem, Unichem House, Cox Lane, Chessington, Surrey.*

ON TV NEXT WEEK



GTV Grampian
B Border
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4

Bisodol:

Chique:

U Ulster G Granada A Angha TSW South West TTV Thames Television Bt TV-am STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees

Actifed linctus and expectorant:

TT Tyne Tees

All areas

except U

TT,C4

All areas

Bt

Askit powders: GTV,STV
Benylin expectorant/paediatric syrup: All

areas, C4 Bt All areas All areas

Clearsil: Dylon dyes: Farleys Breakfast Timers: Mentholyptus:

Peaudouce Babyslips: Bt
Radox Herbal bath salts and liquid: All areas
Simple skin care range: All areas

Simplicity: All areas
Vantage: All areas
Vidal Sassoon: All except TTV, TSW, B, G



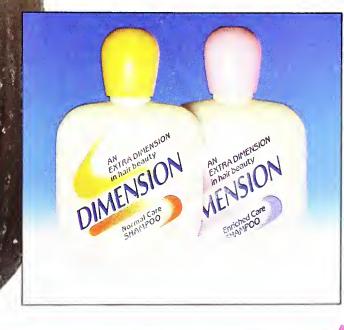
Introducing new Dimension shampoo. It is the first real breakthrough in cosmetic shampoo for years.

Its advanced patented formula with unique molecular action takes hair to another dimension of beauty. It leaves hair looking so healthy there is no need for a conditioner.

Using the same research technique that accurately forecasted the success of Timotei, Impulse and Mentadent we are now predicting that Dimension will turn the market on its head to become the biggest selling cosmetic shampoo.

It is Elida's biggest funded launch ever, with a barrier-breaking £4 million TV and press campaign, as well as a massive sampling drop this December which will reach almost four million users.

Take advantage of the biggest new product launch this year and stock plenty for a new dimension in sales.



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TOP MARC COLORAMA COLORAMA PHOTO

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We'll bring you, **daily with your D&P**, the to marques in film — Kodak, Fuji, Polaroid, Ilford and of course our highly successful own brand, now with a new emulsion, Colorama Premier film.

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PSNC RESPONSE TO NUFFIELD

continued from p685

The training of pharmacists and their staff was considered a matter for the Pharmaceutical Society. Currently, little allowance is given within the remuneration structure for the post-graduate training of pharmacists or their staff and any official edict might be used in negotiating additional payments.

Recommendation: The working group generally supported rec. 17 and draws attention to schemes/courses currently provided.

18. Each proprietor and pharmacist in charge should decide the range of services to be offered under the NHS contract with the FPC

It is important that contractors provide as wide a range of services as possible. Under the new contract when the PPSC decided whether an application was necessary or desirable it might well look to the services provided. This recommendation is consistent with the suggestion that there should be a good practice allowance based on the services provided. The PPSC would decide which services were necessary. A GPA would allow flexibility and result in differential payments based on the concept of merit. A GPA would have to be seen by all pharmacists to be a realistic and realisable objective. If anyone felt they had no prospect of ever receiving a GPA the incentive would be lost.

Recommendation: This proposal was fully supported. The relevance of the practice allowance system is emphasised.

"General Practice Allowance has to be seen by all as realistic and realisable"

20. There is scope for transferring some medicines from the POM to the P category under suitable safeguards.

In actively supporting this recommendation it was considered that emergency supplies should be permitted to patients under NHS Regulations as well as the present arrangements applicable on a private basis only.

A pharmacist's formulary was considered, which would give guidance on the prescribing of simple remedies. Some of the more effective treatments — eg some antibiotics, chloramphenicol eye drops, etc might be transferred from POM to P.

21. The General Sale List should remain. The pharmacist should not be given a monopoly but should compete through quality of service.

The working group could not accept

"There should be closer scrutiny of GSL products and the list is too large"

this recommendation. It felt there should be a closer scrutiny of GSL products and that the current List was too large. Many GSL items were potentially dangerous and pharmacists were in a unique position to point out potential interactions between prescription medicines and OTCs.

22. The law should not be changed so as to confine ownership of pharmacies to pharmacists, but the PSGB should see that overall standards are maintained.

The overall good standards of pharmaceutical practitioners could be maintained through the Pharmaceutical Society. The view of Nuffield with regard to the ownership of pharmacies was noted but no strong view expressed.

Recommendation: Rec. 22 should be supported as far as the maintenance of standards are concerned.

23. The NHS Contract should continue to be with the pharmacy owner.

The LPC Conference, in June 1985, rejected a recommendation that the NHS Contract should be a joint contract between the pharmacist in charge and the pharmacy owner on the one hand and the FPC on the other. The Conference voted in favour of the NHS Contract being between the FPC and the pharmacist in charge.

24. Prescription under the NHS Contract should be reduced, and separate payments made for other professional activities.

Any reduction of payments for professional services was vehemently opposed. The PSNC could not be recommended to accept any reduction as most pharmacies derived some 70 per cent of income from the NHS. Supply and advice could not be divorced and an element of payment for advice should be retained on a "per prescription" basis.

If payments made by fees and oncost were reduced and reimbursed only as fixed allowances, this would be a movement away from the cost plus concept which was a fundamental point of PSNC policy and recommended in the Pharmacists' Charter.

Recommendation: Any move to reduce dispensing income should be strongly rejected but there were arguments which would support separate reimbursement for certain professional activities.

25. The number of pharmacies should be reduced in accordance with our detailed recommendations.

The PSNC has a policy for rational distribution for pharmacies. A blanket reduction would not serve any useful purpose but could result in loss of pharmacies from areas of need.

If there were to be statutory mechanism for the control of entry into contract there would be no need whatsoever to use remuneration as a mechanism to achieve the same aim.

Recommendation: Rec. 25 is strongly opposed.

26. Pharmaceutical services available in rural areas should match in quality and comprehensiveness those elsewhere. Dispensing services, however provided, should be assessed by the same standards.

This recommendation appeared selfevident and of vital importance, and was strongly supported.

36. Pharmacists should be involved in the reporting of suspected adverse drug reactions.

The noting of adverse drug reactions was as important in the community service as in the hospital service.

Recommendation: The role of the community pharmacist in reporting adverse drug reactions should have been included within the Nuffield Report.

"Noting adverse reactions is as important in the community as in hospital"

40. Serious consideration should be given to the transfer of outpatients dispensing to the community sector, without reducing the number of pharmacists employed in hospitals.

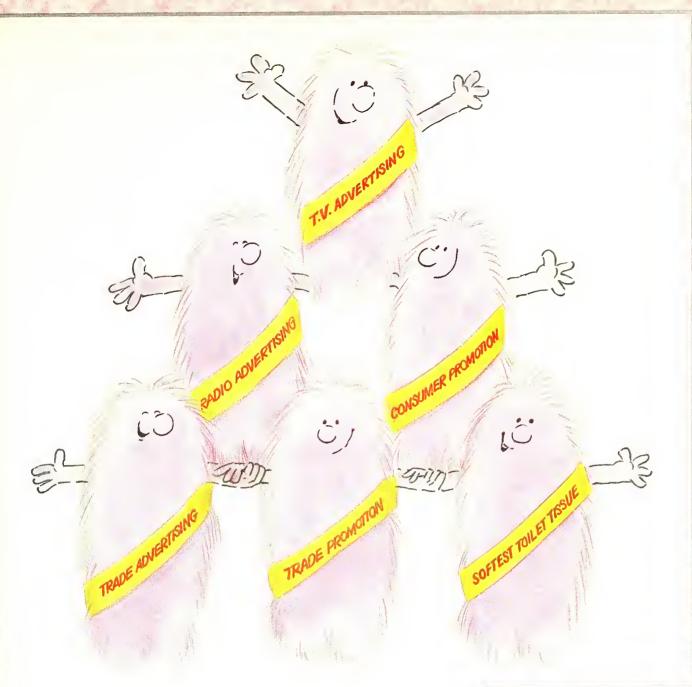
Although this recommendation was included in the hospital pharmacy section it dealt with the contracting out of prescriptions from hospitals to the community. But the Nuffield Report also recommends the provision of a full range of pharmaceutical services for outpatients from within the hospital precincts.

Concern was expressed that the range of services offered by outpatient departments might lead to prescriptions being dispensed there. The working group considered that the practice of the issue of FP10HP should continue as at present.

Recommendation: The establishment of pharmacies within the hospital precincts was not supported.

53. Wholesaling depots need to have access to pharmacy advice but it is not necessary for them to have a pharmacist permanently present.

Only 30 of the wholesale outlets currently operating do not employ a pharmacist. The NAPD recommend the employment of a pharmacist prior to the granting of a wholesale dealers licence. Recommendation: Rec. 53 was not supported as it was felt that pharmacists were necessary at all wholesaler depots, especially those dealing with Controlled Drugs.



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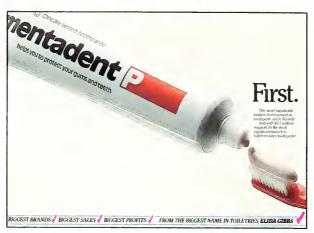
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Mentadent P is the First toothpaste with a gum health message

FIRST AGAIN.



1983

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FIRST AGAIN, AGAIN.



1983.

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t's the gum health gel in the market aimed directly at young people.

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this important concern. Under simulated market conditions, Mentadent Gel was the clear brand share winner against all other gels.

In addition, we'll be supporting Mentadent Gel separately with a massive £1.4 million TV campaign starting in November. So stock plenty now to take advantage of the advertising and make sure there are healthy smiles all round.



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SULEO-M malathion lotion

Derbac-M
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with MALATHION

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A Gentle Aqueous Formulation
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Ideal for use where asthma
or sensitive skin is a problem.

The two ways to tackle headlice

AST ACTION When rapid eradication is required, Suleo gives 100% kill of both lice and eggs in just two hours. Suleo combats resistance too. Choose Suleo-M (Malathion) or Suleo-C (Carbaryl), whichever your local health authority recommends. And now both lotions come in new family-sized economy packs, while Suleo Shampoo is available whenever an alternative to lotion is required.

ENTLE ACTION Alternatively, when compliance may be suspect recommend Derbac because its aqueous base provides correct treatment where broken skin (eczenia, impetigo, etc) is a problem or where asthma contra-indicates alcoholic lotion. In addition, Derbac Liquid (with Malathion) is the ideal solution for the treatment of crab lice. There's also Derbac Shampoo (with Carbaryl), Derbac Soap and the Derbac Metal Nit Comb.

SULEO & DERBAC Effective treatment for head and crab lice



*Suleo Lotion is also available as Suleo-C with Carbaryl.



Sound advice is second nature to NI's Mr O'Rourke

Thos O'Rourke is a singular man. A pharmacist for 36 Summers and a high calibre pharmacy politician for 26 of those, he has been National Pharmaceutical Association Board member for Northern Ireland since 1967. Apprenticed to one George Kirk of Newtownards Road in Belfast, Mr O'Rourke has been following his mentor's example ever since, giving sound advice from his Belfast community pharmacy long before the NPA focused the principle in the public's eye with its advertising campaign.

Pharmacy could have lost Mr O'Rourke to grocery, "the licenced trade" or the law. But he had no wish to work in the family grocery business in West Belfast where home was next to the shop, or to work in his father's bar, "The Workman's Rest", near the docks, and he ignored the advice from teachers to take up law. Instead Thomas Ignatius O'Rourke opted for their other recommendation, pharmacy.

Mr O'Rourke passed his Pharmaceutical Chemist examination in December, 1949 at the Belfast College of Technology — part, even then, of the Pharmacy Department at Queens. And, on completing his four-year apprenticeship with Mr Kirk, moved on to manage one of Morris Glazer's branch pharmacies near his home.

So Mr O'Rourke followed his father, in a manner of speaking, as a dispenser of "good medicine", and spent six years building the business as a manager, capitalising on his familiarity with the locals. He specialised in dispensing and counter prescribing, rather than in the other commercial arts of the chemists' shop. Perhaps that was because post-war rationing dominated retailing in the early '50s, but more likely because of the influence of apprentice master, Mr Kirk.

"He was a doctor in all but name," says Mr O'Rourke. "The local GPs used to ring him up, present their patients' symptoms, and say: 'George, what would you recommend?".

He describes Mr Kirk as a brilliant man whose final year as a medical student was cut short by the first World War. He later took up pharmacy after being sickened by the battle field.

Says Mr O'Rourke: "Mr Kirk would talk to the customer, work out the counter prescription and hand it to me for dispensing, then supervise and question me as I made it up, on the biological source of the ingredients, their dose and so on. It was a continual learning process.

He influenced me more than anyone and convinced me that I wanted to be a community pharmacist — helping people,

being sympathetic and giving advice."

When Mr O'Rourke started out as pharmacy manager the NHS was still in its infancy. He estimates that around 10 per cent of scripts were still private with counterprescribed medicines charged out at Ulster Chemist Association rates. These early years confirmed Mr O'Rourke's choice of pharmacy as the right one and so, in 1957, he bought a 1,000 sq ft shop in the Lockview Road, Stranmillis, and opened up in September. He has been there ever since, choosing to spread his influence through pharmacy politics rather than through empire building.

'Take me home again...'

In nearly 30 years of practice the pharmacy is still predominantly a medicines advice centre run variously by part-time pharmacists, his pharmacist wife, Kathleen (now a Civil Servant but described by Thos as "my sleeping partner") and, of course, Mr O'Rourke when he himself is temporarily free from his role as a Northern Ireland pharmacy leader.

Mr O'Rourke traces his political roots back to one Ulster Chemist Association secretary, Jim McClenaghan, who advised him to join the associate section of the Ulster Chemist's Association as soon as he commenced his apprenticeship. Before long he found himself proposing the vote of thanks to the president at the annual meetings and was rapidly drawn into the hierarchy. Thos was elected member of the UCA executive in 1960, the start of his career in pharmaceutical politics. He is still on the Committee today.

Mr O'Rourke was one of those behind the linking of the UCA (along with Harry Boyd and Herbie Gamble) and the then National Pharmaceutical Union, in 1964. "It was the best thing we ever did," he says, "bringing the benefits of a larger trade association to the Province while retaining the UCA's autonomy."

Then, as now, Mr O'Rourke ranks the services of the Chemist's Defence



Thos O'Rourke at the BPC in Jersey

Association as the greatest benefit of NPA membership, along with access to the Pharmacy Mutual Insurance Company, the Provident Society, business services and pharmacy planning.

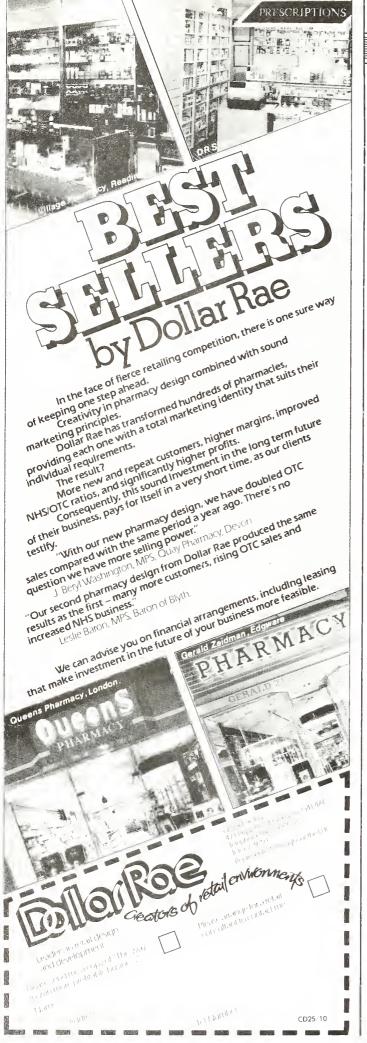
But he remains slightly sceptical about the benefits NPA membership has brought UCA members at a commercial level. There are some battles in the Province against companies wanting to widen distribution outside pharmacy, or alter their terms of trading within the profession that he believes the NPA could have fought harder. Perhaps it is just that, along with other NI pharmacy leaders, Mr O'Rourke knows the wrinkles of life in the Province and how best to hit back. Though he admits the NPA has fought long and hard for pharmacy throughout the UK, he seems to suggest a tougher approach would pay even greater dividends.

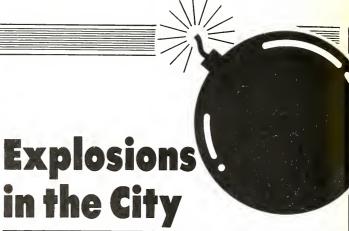
And, while not dismissive of the NPA's not inconsiderable involvement in the anti-Sunday trading lobby, he is doubtful about the extent of the Association's influence, while acknowledging the work of the parliamentary subcommittee and public relations subcommittee.

Mr O'Rourke says both Joe Wright and now Tim Astill, as chief executives, have been excellent ambassadors for the profession. And he ranks John Ferguson, now secretary and registrar of the Pharmaceutical Society of Great Britain alongside them, remembering his earlier role as an assistant secretary at the NPU.

But he wonders if the NPA television advertising campaign can continue to pay dividends for members. He believes the Association has got the message across and that the "Ask your pharmacist" theme can be sustained in-store by the "A4" poster and the "Pharmacist on duty" signs.

Just 62 years old — he celebrated his birthday at the "Soiree Franglais" that signalled the end of the BPC Jersey Conference — he continues to relish pharmacy life. A member of the Council of the PSNI and secretary of the Pharmaceutical Contractors Committee, he regards this last role as the most important. He has no intention of either retiring from business or from his many political offices. "They'll have to kick me out first," says Thos O'Rourke.





Put your fingers in your ears. The Big Bang is two days away. And if you think we're talking about fireworks night, you must be reading this on a desert island. For months now, talk of the City Revolution has reverberated through the business world. But what, exactly, is going to happen — and why?

C&D soared up to the 15th floor of the Stock Exchange in the quest for financial understanding, and found that Susan Rutherford of the Wider Share Ownership department had the answers.

Why the change?

After all, the current system has lasted well enough for over 200 years. That system is based on a separation of duty something like the solicitor/barrister division of roles. In this case it's the broker who buys and sells shares and offers investment advice; and the jobber who acts as a wholesaler in stocks and shares, competing to supply the broker — and who has no dealings with the public. As Ms Rutherford points out, it's a system built on sound reasoning: "If you go to a stockbroker and say, 'I have £1,000: what shall I buy?' he'll be giving independent advice, with no financial interest, and he won't be selling you rubbishy stock. It's for the investor's protection — and it's a very good principle."

Which begs the question: why not keep it?

The seeds of change were sown when, in 1976, the Restrictive Practices Act was extended to cover services as well as goods. Three years later, the Stock Exchange was under the spotlight as the Office of Fair Trading picked out nearly 200 "restrictive practices" discouraging to competition. Foremost among them were the fixed commissions for buying and selling stocks and shares; the exclusion of institutions such as banks and foreign firms; and the merging of jobbing firms — meaning less competition for the brokers' business.

The build-up to a Restrictive Practices Court case began.

But in 1983 Sir Nicholas Goodison, chairman of the Stock Exchange, reached a deal with the then Trade and Industry Secretary Cecil Parkinson: the OFT would drop its case and, in return, the Exchange would dismantle its minimum commission system. And the deadline given for the change was the end of this year.

The fuse is lit . . .

"The trouble is, some brokers are very small businesses, and they can only make money on their commissions for every deal. If the commissions get lower, so do their incomes. They must look to maintain their business," Ms Rutherford explains. "With no minimum commission, the only way to do this is to encroach on the jobbers' business." And so the division must go — along with other traditions, such as the bar to banks and foreign companies, already moving in ready to snap up their share of the business.

All this could have been phased in gradually — but the Exchange chose to make it an overnight change. Hence the term "Big Bang".

Will you hear the Bang?

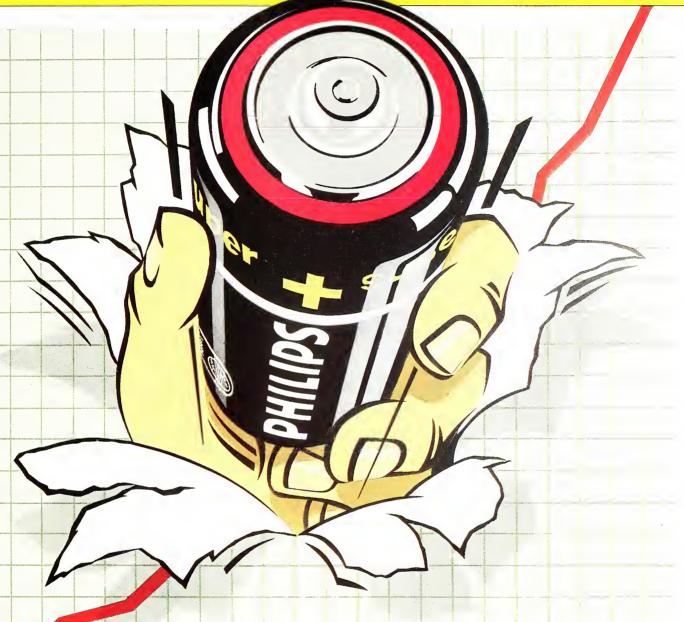
How do all these changes, radical as they are, affect the small businessman or private investor?

One effect on anyone interested in all the wider share

Continued on p709

FROM STRENGTH

TO STRENGTH



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Hydrosoak 120ml x 6 Hydrosol 10ml x 4



IN THE CITY

ownership that's being urged would seem to be the loss of a longstanding means of protection. As Ms Rutherford agrees: "It was one of the best things we had. So you have to think very carefully before taking this system away.

"If we'd been doing this, say, ten or 15 years ago, it might not have been possible to replace the system as we can now. From now on, the investor's protection will be based on new technology."

From October 27, all the stocks and shares price information will show up on an electronic screen service, SEAQ — Stock Exchange Automated Quotations. The idea is that, when making an investment, the customer will have every alternative price at hand on the computer. And, as Ms Rutherford explains, there will still be broker/jobbers who offer the broker's old services, pledged to deal to the client's best advantage.

"There'll always be someone who's had to pass the exams and accumulate experience. Think of that advert where the customer is turned hither and thither by machines and, finally, a human face solves all the problems. Well, the Stock Exchange will now really be based on computer technology. But the face will still be your broker, who understands the problems and your own financial needs".

And, of course, the increased competition will make itself known to the humble share-dabbler. "The end of minimum commissions means that the

institutions — who might not have bothered so much, before, with private clients — can now negotiate very low commissions. So all the member firms will be looking towards the private clients to do more business".

Fears have been expressed that the commission rates will go up but Ms Rutherford is confident that this is an unnecessary worry.

"It's an opinion based on what happened in the US in 1975, when they deregulated. But they didn't have the increased competition that we'll have. The rates being announced here are considerably lower."

In good company?

As for the smaller firms — those on the Unlisted Securities Market, rather than the fully listed market — there's been some speculation that the dog-eat-dog world of ruthless competition will leave them lumbered with unmarketable shares. "That opinion now looks silly," is Ms Rutherford's verdict. "The dealers will be committed to make markets in the shares they've registered for. That means that the big companies — the 62 top firms on the Stock Exchange — will have at least 16 market makers buying and selling every single share.

"For the next 500 companies there'll be about eight market makers — far more competition than there is at the moment. Now the small companies will have at least two competing with each other, and a lot of firms are already showing an interest in specialising in smaller companies".

Open city

Now that foreign competitors are queueing up to do business, there are those who fear that the City and all its traditions will be swallowed up forever.

As Ms Rutherford notes, traditions aren't always regretted. "There was a great deal of truth in the old image of the City being full of Old Etonians who rolled in at 10am and then went off for a two hour lunch. That doesn't exist now — you couldn't find it however hard you looked. The pressure's higher, and it's much more of a meritocracy. Women have come in all over the City, as well, and are working hard — and expecting the rewards."

This new-look City is set to open up, rather than disappear. "Far from foreign competition swallowing us up, we'll be taking business from them. A few years ago the London Exchange wasn't much bigger than markets in the rest of Europe. Now I think we're bigger than the others put together. We're completely out of their league". And it's on the rival territory that London's market will be competing, Ms Rutherford believes. "People like Paris and Frankfurt and Milan are furious! And Amsterdam's changing its rules to stop business moving to London.

"People always complain that British industry's going down the drain. Well, the City's a good example of British people working very hard, competing internationally—and doing very well."

So you'd better start the count-down . . .

..yet more quality generics from Wyeth.





As a major international research and manufacturing house Wyeth offer you generic products with an unparalleled guarantee of quality.

You and your patients can benefit from an extended range of Wyeth quality generics which now includes

range of Wyeth quality generics which now includes lormetazepam and glibenclamide. To enquire about our

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Unparalleled quality















Industry hit hard but there is a bright side

There can be no doubt that the pharmaceutical industry was hit hard by the limited list of medicines prescribable on NHS prescription, introduced in April 1985. Lost sales have run into £m's with little chance of recovering more than a fraction for many companies. Despite the gloom there is some light at the end of the tunnel: the list has not yet been extended as many feared it would be and the latest Prescription Price Regulation Scheme agreement is seen by some that the Government wants a truce.

The limited list has, according to the Government, achieved its aim by saving the NHS £75m in its first year of operation. The same saving is hoped for in 1986/87, says the Department of Health. However, the DHSS seems reluctant to provide any figures to substantiate the claimed saving and other estimates have put it as low as £60m for the first year. That compares with a drugs bill for England in 1984-85 (the most recent figures available) of £1.474 billion and a total bill of £15.6 billion to run the Health Service in England this year (£18.7 billion for Great Britain in 1986).

The effects of the list began long before it came into operation: when the idea was announced in November 1984 the industry was understandably outraged, not least because it claimed not to have even been consulted about the plans. Doctors too were against the idea primarily because they saw it as a restriction of their prescribing rights and it was claimed that the list would not provide for the therapeutic needs of all patients.

The Association of the British Pharmaceutical Industry mounted a publicity campaign alerting people to the "dangers" of the list and for a while the "selected list" as the government insisted on calling it, enjoyed wide media coverage.

Piggy-in-the-middle

Pharmacists would not escape the problems generated by restricted NHS prescribing. They would effectively be piggy-in-the-middle having to send patients back to their doctor if he had prescribed something by the wrong name or asked for something on the blacklist. There were fears too among pharmacists about loss of income because of fewer scripts (see table 2, p714) and lower ingredient costs with the move to generic prescribing the list was intended to encourage, and insufficient compensation from the long awaited boom in OTC sales which many felt the list would quarantee.

However, after the initial teething problems and some final adjustments to the white list things seem to have quietened down some 18 months on.

But that is not to say all the problems have disappeared. A survey published by General Practitioner magazine showed that six months after the list had been introduced GPs were still having problems. And of the 131 doctors questioned some 57 per cent said patients were still having problems as a direct result of the list, notably with cough and cold treatments, bitters and tonics and antacids.

Pharmacists are still being caught out by blacklisted items. In February and March this year a survey of disallowed prescriptions in PPA divisions 4 and 5 revealed nearly 4,000 blacklisted items were dispensed in the two divisions.

There can be little doubt that pharmaceutical manufacturers suffered heavy losses. Some that C&D spoke to were understandably cagey about giving figures while others, who were by no means the worst affected, quoted losses of over £1m for a single product to £4m for a range of products. One can only guess at the damage sustained by companies like Roche and A.H. Robins who had large proportions of their product portfolios blacklisted.

Even manufacturers who have been successful in having products reinstated to the white list by price reduction or by persuading the government the product is useful have lost revenue and market share while it has effectively been out of the NHS prescription market.

Since the list was introduced almost 20 products have been reinstated to the white list, the majority because manufacturers reduced the price.

Schering were among the companies who had products relisted — lormetazepam was one. The company tried unsuccessfully to get the product listed by its brand name Noctamid. Schering argue that the generic

name could be confused with other products in the white list and that the problem could be avoided by allowing doctors to prescribe by the brand name.

When the white list was introduced Noctamid had sales of around £2m a year. Now Schering estimate that figure has fallen by about two thirds; projected sales for the product before blacklisting, say Schering, were as high as £5m to £8m.

Mr Ralph Rebhunh, Schering Health Care's marketing director, feels that blacklisting of benzodiazepines was more of a political move than anything else. He believes the list has done nothing to curb their use because GPs have just switched to temazepam for example, which was on the white list from the outset.

Roussel were also among those who suffered fairly hefty losses. Eight products were blacklisted and the company estimates around £4m worth of business was stopped by the list, mainly on antacid products.

The company achieved its aim of getting many of its products reinstated to the white list either generically or, in the case of Altacite plus suspension, by brand. The company even managed to make some headway OTC with Altacite plus tablets. But as other companies have found the gains achieved do not balance the losses.

Ciba Consumer Pharmaceuticals were not affected to a great extent by the list but did lose a significant proportion of sales of Andursil. A spokesman for Ciba told *C&D* that around two-thirds of the product's sales were on prescription and would be "impossible to recoup".

Otrivine, included on the white list by generic name, saw an initial fall off in sales but is now back to the position it was before the list, says the company. There has also been some destocking because of the list, says the company.

Ciba have been more fortunate than some companies in that they have not to cut back on staff numbers as a result of the limited list (see also later). And like others, the company has been counteracting the effect of the list by promoting its products to the public and to pharmacists.

Knock-on-effect

But the limited list's detrimental effects do not stop at lost sales, there are other, perhaps more far-reaching, knock-on effects. Roussel's general manager of corporate and public affairs, Tony Eaton highlighted just some of these.

Research is an area that will probably suffer in the long term. Mr Eaton cites Dormonoct as an example of a product which was developed on purely British research. It took 12 years to bring it to the marketplace and it was there for a very short time before the list came along. That sort of thing is bound to knock the confidence of

he industry and puts doubts over what the povernment might do in the future. The harmaceutical industry's planning works n a long time scale and needs the prospect of a reasonable return on investment, Mr aton explained. With disincentives like the imited list treatment could become fossilised nd improvements researched abroad with he result, says Mr Eaton, that we will be mporting more and more foreign products.

That is not to say the pharmaceutical ndustry in Britain is going to shut up shop. As Wyeth's marketing director Trevor Davies old *C&D* Britain forms a small part of the orld pharmaceutical market so research nd development of products intended for nternational markets would continue. But or those products in the limited list areas ntended for Britain R&D would probably be everely curtailed.

However, for some companies there are igns that the climate for investment might e improving. Roussel for one see the new PRS agreement as an indication that the overnment wants to provide some stability nd wants to get back to the sort of elationship it had with the industry before ne list.

Nevertheless, the catalogue of closures, eferred and cancelled investments as a irect result of the list or at least partly ecause of it, is by no means short.

Mr Eaton explains that Roussel have tuned investment downwards" by delaying r deferring projects. For example the ompany's moves into investing in updating nformátion technology have been slowed own.

Other examples include Boehringer ngelheim who closed down WB harmaceuticals, contracted their field orce and their product range; Upjohn say ney were seriously affected by the delisting f Xanax and although they have recently ompleted a £2m investment in research aboratories at their Crawley site (scheduled efore the list) they have had to suspend plans for the establishment of a "discovery aboratory" in the UK with proposed xpenditure of around £35m; there were ver 100 jobs lost at Wyeth as a direct result f the list and R&D investment of around 30m was cancelled; government policy owards the industry was said to be a ubstantial element in G.D. Searle's decision close their research and development plant at High Wycombe with the loss of 300 obs; Warner-Lambert closed their Eastleigh actory where 400 jobs were lost; Roche lost 00 jobs through the list; Eli Lilly switched projects earmarked for Speke in Italy; A.H. Robins sold manufacturing plant and ancelled a proposed R&D plant at anghurst and Pfizer made £20m cuts in roduction at Sandwich.

Earlier this year the ABPI said that 2,000 obs had gone because of losses under the PPRS and limited list.

There are other perhaps less obvious effects of the list. Not least of these is the damage to exports. Mr Eaton says that blacklisting of products in the UK is often seen abroad as a sign that the products are not approved for use and that has an ongoing effect to reducing potential export trade.

Other effects include reduced funding of continuing or postgraduate education and other local sponsorship.

Some good news

But there are companies which have managed to overcome some of the problems thrown up by the list. And at least one -William Ransom — found the list stimulated business. Last month the company reported a jump in turnover from £2.96m to £4.62m in the 1985/86 financial year and said that demand for finished liquid medicines nearly doubled in volume compared to the previous year from April to December. However, chairman Michael Ransom commented that "now more regular prescribing patterns have emerged and wholesalers have sufficient stocks, sales have reverted to steadier figures."

Warner-Lambert have been pleased with their consumer marketing of Benylin. David O'Sullivan, marketing manager for self medication and toiletry products, says the company has almost regained the £4m lost Benylin prescription sales. But that has only been achieved at a cost. Warner-Lambert advertised the brand heavily from day one of to maintain the level of sales the company has achieved will probably take an investment in promotion of around £1m a

Wellcome have also been actively promoting Actifed with a substantial investment in consumer advertising.

Beogex suppositories are an example of a product restored to the white list by "popular demand". Manufacturers Pharmax say that pressure from groups representing paraplegics and tetraplegics who found the product beneficial resulted in the product being available on NHS prescription once again from July this year.

Galen found a quite different way of tackling the problems of the blacklist. They moved into the field of sugar-free cough medicines which, unlike their existing range of cough medicines, are on the white list.

Galen's managing director Dr John King said that as a result of the list sales of the company's products remained almost static for a year and the work force had to be cut down. But now with the success of their sugar-free preparations Galcodine, Galenphol and Galpseud the company has found that sales are growing again and the work force is back to full strength. The success may also be due to pricing of the sugar-free medicines which are well below the Drug Tariff price for conventional cough medicines, says Dr King.

Pavacol-D sales have also been stimulated by the limited list. A recent report

Four antacids continued on p712 the limited list and Mr O'Sullivan admits that back on NHS Nine blacked in October back to white Changes to the lir available "roug The Advisory Committee on NHS st of drugs Heali Lindin less list Drugs has recommended that ni 0 Further changes to the limited list drugs, in specified strengths on formats, should be rein-Constitute Charles to the lithing to the charles of Blacklist list of drugs over NHS. Reg\ Alexilol sodium tablets 360mg, Beogex This of the of t changes changes, t Alexior socium rapiers sound, peogex suppositories, Feriolic SV tablets, Maalox December No. Connected the Connected th plus suspension, paracelamol soluble lablels, Polyciol lorie gel and Sudaled SA Parliament. The decision capsules are to be deleted from, and carbocisteine w Labarias are in he agged to the (C&D Novembe. Ancoloxin tablets he blacklist as of July 1. The additions and blacklist as of July 1. The additions and blacklist as of July 1. The additions and blacklist as of July in Scotland. The additions are not so limit to blacklist as of July in Scotland. wa made under The National

The not so limited list: it has grown from a mere 39 products contained in the draft version announced in November 1984 to over 160 products currently allowed on NHS prescription in the seven therapeutic categories

OTC gains not 'automatic'

The effects of the limited list on the prescription and OTC markets were looked at by IMS and Nielsen at a recent conference. Here we present some of their findings.

In the year following the limited list's introduction in April 1985, 13 million fewer prescriptions were written for minor ailments than the previous year, according to figures from International Medical Statistics.

Speaking at a recent member's meeting organised by the Proprietary Association of Great Britain, Dorothy Knightly, client services director with IMS, said that the major prescription loss was in the cough/cold area which had suffered a 50 per cent reduction. And patients appear to be treating their minor ailments more frequently themselves: IMS estimate that visits to GPs for minor illness have fallen by some 2 million, particularly for anaemia and vitamin deficiencies and respiratory conditions. For those patients who do go to their GP about minor illness the proportion given advice and reassurance rather than a prescription has risen to 30 per cent.

Despite initial opposition to the list Mrs Knightly said that GPs now seem to have adjusted their prescribing. While there has been some trading up to more potent medicines this has been in selected areas, she said, notably those associated with respiratory and digestive conditions.

Before delisting the total market for antacids, laxatives, vitamins and tonics, analgesics and cough/cold remedies was valued at £259m at trade prices. After delisting that dropped 12 per cent to £228m, made up of £52m lost on prescription and £21m gained in OTC sales.

Mrs Knightly said that the additional

OTC sales vary from £6.3m for analysis through £3.5m in vitamins and tonics to £5m-£6m for digestive and respiratory products (see table 1).

Generally people seem to be buying brands OTC that were previously prescribed rather than switching to advertised brands. That is supported to some extent by remarks made by community pharmacists C&D spoke to about the list. In general they felt that advertising of delisted brands had not done much, as far as they could tell, to influence purchasing with the possible exception of Altacite plus which had sales boosted by the initial Press advertising.

But according to Nielsen's Colin Buckingham, health and beauty aids industry manager, and Gill Jewitt, account head specialising in HBA markets, limiting the medicines available on NHS prescription has not automatically brought compensating benefits OTC.

The increase in OTC sales has to be viewed in the context of the rise that would have happened whether that list had appeared or not, say Nielsen.

Where products have made substantial gains they have often enjoyed a high level of consumer awareness, as mentioned before.

In addition, selling OTC is quite different to selling prescription products and Nielsen believe those companies which have gained most in OTC sales have generally also been those with the resources and expertise to build and maintain a strong trade base, ensuring that their products are widely distributed, with strong merchandising support and sufficient stock to meet peak demand.

Throughout 1985 and into early 1986 Nielsen's "basket of medicines categories" in chemists and drugstores showed consistent growth with a 10 per cent increase in Jan/Feb 1985 before the limited list came into operation.

Of those medicines covered by the limited list multivitamins did particularly well with sales in chemists and drugstores 14 per cent higher in the 12 months to April 1986 than in the previous year. But Nielsen feel this was not all due to the list. Promotional activity fuelled some of the increase.

Multivitamins, unlike some other areas, continued to grow throughout Winter 1985-86. However, several limited list categories of product were in decline by March/April this year. For example, cold treatment sales were 6 per cent down on the previous year and cough, cold and influenza remedies down 10 per cent. But that was partly due to the lower than average incidence of illness at the time and not just due to the stimulating effect of the limited list wearing off.

Table 1. Percentage of value sales through retail pharmacy (IMS data)			
	Prescription	OTC	
Antacids	*59% (74%)	41% (26%)	
Laxatives	67% (71%)	33% (29%)	
Vitamins	15% (39%)	85% (61%)	
Tonics	3% (16%)	97% (84%)	
Iron preps	90% (94%)	10% (6%)	
Analgesics	54% (66%)	46% (34%)	
Cold/nasal remedies	43% (53%)	57% (47%)	
Cough remedies	21% (57%)	79% (43%)	
TOTAL	47% (62%)	53% (43%)	
*Moving Annual Totals (MAT)	March 1986 (March 1985).		

continued from p711

from Euromonitor says the product sales have almost quadrupled since last April. Similarly Boehringer Ingelheim's laxative Dulcolax, marketed by the company's consumer arm Windsor Pharmaceuticals since it was blacklisted, has seen a 44 per cent increase in sales over the same period. The company's managing director Dr P.A. Knowlson does not deny that sales of some products have increased as a result of the limited list and marketing tactics employed by the company but he points out that the gains made for such areas are in no way compensation for the losses suffered from other products.

Reckitt & Colman lost Senokot and Codis tablets when the list came in. They were put on the white list as senna tablets and cocodaprin tablets. However the lost sales caused by that were more than made up for by the boost given to Gaviscon and Fybogel which remained on the white list, says the company's national sales manager for OTC products, John Porter.

Reckitt & Colman would not be deterred from researching new products in areas covered by the list, says Mr Porter, particularly when looking at products in context of the international pharmaceutical market as opposed to Britain alone.

The committee that advises whether a product should be allowed on the white list

or not — the Advisory Committee on NHS Drugs — meets every three months to look at Product Licences and decide which products should be blacklisted or whitelisted.

Products based on existing drugs can be blacklisted immediately (in some cases before the product has been launched) but new chemical entities falling into the therapeutic categories covered by the limited list will not be blacklisted for up to one year, during which time they are allowed to "prove their worth", says the DHSS.

Products put on the white list have to meet two basic criteria: they must at least be as effective as existing products and be at the right price.



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Pharmacists may have to work harder for cash

Pharmacists C&D talked to about the list generally thought it was now causing them few problems and had not appeared to have affected their NHS cheque adversely. But there's a word of warning from Reckitt & Colman's national sales manager for OTC products.

One pharmacist in the South gave C&D some dispensing figures for the period from April to August in 1984, 1985 and 1986. From 1984 to 1985 the number of items rose by 3.2 per cent and the total value of the prescriptions increased by 19 per cent. Item value, including fees, rose from an average of £4.85 in 1984 to £5.60 in 1985. In 1986 the number of items dispensed had risen by 2.3 per cent compared to the same period in 1985 but the total value had increased by only 8 per cent this time. The item value went up from £5.60 to £5.92.

For private prescriptions during the same periods the number of items rose by 12.6 per cent from 1984 to 1985 and the total value of the prescriptions increased by almost 39 per cent. The average item value went up from £4.37 to £5.39. In 1986 the number of items dispensed privately fell by 5 per cent and the value fell by 13 per cent. The average value of items fell to £4.92.

Admittedly this is only one pharmacy among thousands but the figures can be compared with some from the Prescription Pricing Authority (see table 2).

There are certain things which have to be borne in mind when interpreting the PPA figures.

The usual year on year increase in script numbers is about 1-1.5 per cent. The large increase in March 1985 is probably due to people trying to get supplies in before the list came into force but may also be due to people trying to avoid the increase in script charges. The large rise in item costs in April 1985 is probably due in part to price increases which are often introduced around this time of the year. And the fall in script numbers in September 1985 is probably a result of people being off on holiday.

Most of the pharmacists C&D talked to thought there were substantially more prescriptions for generic drugs. Jerry Shulman in London, commented that

theoretically at least that should mean better prescribing. However, David Poile down in Tonbridge, found that more generics meant more problems because the appearance of such drugs was not standardised and people were confused by the colour of their tablets changing with different suppliers.

OTC: no dramatic change

As far as OTC sales were concerned most pharmacies had not seen a substantial increase in turnover. However, in a survey of 202 pharmacists, reported in Mintel's "OTC Pharmaceuticals" report published in July, 60 per cent thought OTC sales had increased. Some 21 per cent said more advice was being sought and 13 per cent thought they were dispensing fewer prescriptions. The survey was done by ARK Research in the Granada Television region in the Autumn of 1985.

The list was expected to have a long term effect by 84 per cent of pharmacists of whom almost half thought OTC sales would increase, say Mintel.

Similarly private prescriptions have not increased in number as much as some thought they would, although Carl Bedford in Leicester, found he was getting more than he had anticipated.

Most pharmacists we asked about the list were receiving relatively few prescriptions for blacklisted items although as David Poile said the next hiccup will be co-danthramer.

Of the brands that were pushed OTC by manufacturers only Altacite plus seems to

have been noticed as a product that made significant sales gains as a result of consumer advertising. Most pharmacists said that well known products like Benylin and other big brands always sold well and the advertising put behind them had just kept the products in the public's mind rather than stimulating sales.

David Reid in Southend, had noticed that the number of diabetics with coughs had risen quite dramatically. Others had also noticed increased sales of Pavacol-D. One pharmacist in Weymouth thought that this was due more to the fact that people were more aware of products' ingredients and that sugar-free medicines were becoming more popular generally as people's interest in "natural" and "healthy" products increased.

One pharmacist thought the fact that products were allowed back on the white list when the price had been dropped did not make much sense when there was a PPRS agreement which was designed to control medicine prices and profits.

He was also critical of some products that had been launched since the list that seemed to be minor reformulations of ones which had been blacklisted to take advantage of the delay that can occur between a product being launched and being put onto the blacklist or white list.

John Porter from Reckitt & Colman commented that pharmacists should not be over confident that they had not lost out financially because of the list. He said that at the moment they may have just broken even with losses on prescription being almost balanced by increased OTC sales. But now that more of the prescription revenue had been transferred to the OTC area pharmacists would no longer be guaranteed the sales and would have to compete with other outlets to maintain the same level of income, Mr Porter said.

Table 2	Prescription statistics	for chemists in England	(information courtesy PPA)
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Period	Total scripts	Number of days	Scripts/day (% increase)	Cost in pence
1984			***************************************	
March	29,324,995	17	1,086,111	414.34
April	25,841,332	23	1,123,536	421.69
May	27,268,022	25	1,090,721	436.13
1985				
March	29,743,739	2 6	1,143,990 (+5.33)	452.50
April	24,632,982	24	1,026,374 (-8.65)	475.10
May	26,403,501	25	1,056,140(-3.17)	477.51
September	24,766,454	25	990,658	491.41
1986				
March	26,068,236	24	1,042,729 (-8.85)	498.86
April	26,890,790	26	1,034,261 (+0.77)	501.82
May	26,730,830	25	1,069,233 (+1.24)	506.91

Dijex contest — indigestable

To all those lucky prize winners in the Dijex retailer competition, may I say, well done and I hope your success chokes you. Do you not realise that Crookes have recruited a sales force specially to sell Dijex to grocers, among their other products? Can you not see that you have given your customers the confidence in these products to go forth and buy them, now, in your local supermarket along with their Strepsils and Sweetex?

You, sirs and madams, are the new fools of pharmacy. You do yourselves, and the rest of us, no service in your short sighted quest for a small transient, stimulation of your ego. Better, by far, to relegate Crookes to the dim, far recesses of the dusty corner, their representative to the chilly ostracism of the undesirable reject.

Our strength is, and should be, our ability to aid the companies that support us and relegate those that court the grocer to

the scrap heap. Then, maybe, we might gain some recognition of the work we do to promote products — not by their immediate removal to the fast-moving, cost-cutting supermarket, but through our own pockets.

Brian S. LakeWeston Super Mare

'Second class' treatment

I was fascinated to read Colin Virden's attempts on behalf of the Pharmaceutical General Council (Scotland) to explain away the second class treatment of Scottish essential small pharmacies under the new contract. Fortunately, the many Lords who raised the matter during last week's debate on the new contract agreed with me that such a blatantly clear situation could not be justified.

As a result, there must now be a good chance that the Government will come up with the extra money (just £95,000,

according to Colin Virden), enough to give essential small pharmacies in Scotland the same deal as in England and Wales. This is a small price to pay, in view of the more rural nature of Scotland compared to South of the border.

I urge the PGC to grab this chance with both hands and fight for all the money that it can get to move and extend the proposed essential small pharmacies scheme in Scotland.

Graeme Park Iohnstone

Saying thank you

To those members of the Pharmaceutical Society of Northern Ireland who voted for me in the recent Council elections, I would like to express my sincere thanks. Having been returned to Council for a further three years I hope to be able to serve the profession and be vigilant on behalf of all. Margaret J. Watson Keady

YOU'LL HAVE TO MOVE FAST...!

...both on and off the court as the word's 'out' on the LRC Annual Pharmacist Squash Tournament.

You know how you enjoy yourselves at this famous event, what with the host of trophies for winners, not to mention the social programme for players and spectators.

For beginners there will be coaching sessions available and this year the exhibition matches will be between the world top veteran players.

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	Y				
POSTCOE	ETEL NO				
My playı	ng standard is County 🗌				
Club Tear	n Club League Social Player Beginner				
I would li	ke to attend as a spectator only				
My Regio	nal choice is.				
Northern Squash Tournament * Manchester – Tuesday 13th Jan '87					
Southern Squash Tournament* London – Friday 16th Jan '87					
*All playe	ers should arrive sharp for a 9-30 am'start				
I would li	ke to be entered in the				
	Mens Competition \square Ladies Competition \square				
	Veterans Competition (40 plus)				

Off-licence, off limits?

May I call to the notice of pharmacists an article in Off Licence News, August 7, p3 headlined "Take-home medicine" — most pharmacies will not receive this journal.

Briefly the story says that Beecham are making available to off-licence stores a display unit for home medicines measuring 13 by 9in with a retail value of £19.53, from cash and carries, at the end of August for £12.96. The article concludes by saying details are available direct from Beecham on 01-560 5151, ext 3534. There is a larger unit too, £49.98 rsp.

The representative knew nothing about this offer and promised to obtain an explanation of such — to me — objectionable trading methods, from his area manager. No explanation has yet been received.

J. Roylance

Bolton

Peter Jensen, general manager, Beecham Proprietary Medicines, replies: "The home medicines display unit mentioned by Off Licence News is available to chemists and other trade outlets and we would be happy to supply your correspondent with one. As many of your readers will know it is our policy to support the chemist and to provide and design products and display material specifically for the pharmacy. Our sales and marketing departments are concentrating their efforts on supporting the retail pharmacist who, we believe, has a unique relationship with the consumer. My view on the important future role of the pharmacist was detailed in your "Pharmacy — the future" supplement, C&D September 13.

Point, counter rural point

Your readers will be interested to know to what depths some of their rural colleagues are prepared to sink.

Mr John Davies, in his letter of October 11 referring to Crawley Down, comments about "an area made hostile by dispensing doctors". I know not whether Messrs John & Kelynack, Nina Barnes Ltd or Busbys Ltd are members of the Rural Pharmacists Association, but I would hope that Mr Davies would be equally forthright about their behaviour in distributing a leaflet to the patients of Dr Dansie and partners (see C&D last week p650).

It is one thing for a community to reject spontaneously a pharmacy as it did in Crawley Down, and quite another for a group of professionals to issue misleading documents while touting for custom.

Dr David Roberts

Chairman, Dispensing Doctors'
Association

Editor. Last week C&D carried a story on the response of a group of Hertfordshire pharmacists to a local practice being granted permission to dispense. The pharmacists had distributed a leaflet to local residents outlining the choices that patients in designated areas now had in obtaining their drugs. One of the more controversial points from the leaflet was:

7. Do not sign the form at the surgery . . . Do not sign it without considering the implications.

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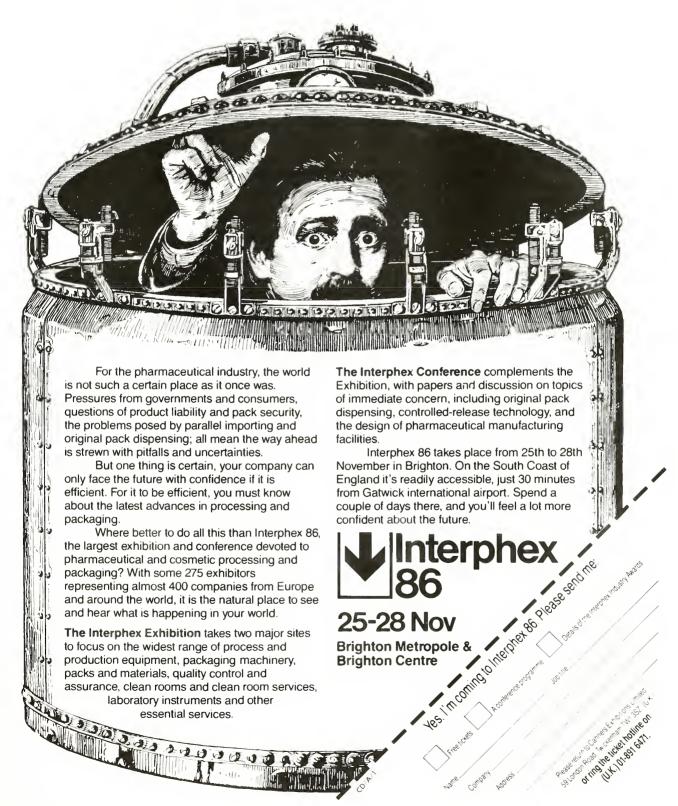
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IS THE PHARMACEUTICAL INDUSTRY AFRAID OF THE FUTURE?





Pharmacist Bobby Williams becomes the Unichem/Colgate pharmacist Golfer of the Year after winning the 10th annual final at Moretonhampstead, near Exeter. Mr Williams, of East Kilbride, is pictured here receiving the cup from John McLean (right), the managing director of Colgate-Palmolive, and Jim Buchanan, a Unichem director

Vote for voters

I would like to say how much I welcome the present trend towards annual election for membership to the Council of the Pharmaceutical Society of Northern Ireland. I congratulate all those who voted in the recent election and thank those who voted for me. I sincerely hope these elections will prove to be annual events and that in future all members will exercise their right to vote.

Joshuα Kerr, Belfast

Concern over student numbers

The Council of the Pharmaceutical Society of Northern Ireland is concerned over the increasing numbers of students from the province now entering pharmacy.

The exact figure is unknown, because it is unclear how many students are studying in Schools of Pharmacy in the rest of the United Kingdom. The Secretary to the Council was instructed to obtain this information from the local Education and Library Board.

The Council has also ruled that members should not employ preregistration pharmacists unless they have attended a Society seminar for prospective tutors.

The following applications for membership under the reciprocal agreement which exists between the PSGB and the PSNI were approved by Council: Patricia Anne McAllister, 4 Milburn Avenue, Cookstown, co. Tyrone; Louise Anne Best, 11 Raglan Road, Bangor, co. Down.

An application from Mr S. Wilkinson, 38 Main Street, Limavady, co. Londonderry for registration as a preregistration tutor was granted.

Mr Norman C. Morrow has been appointed director of pharmaceutical continuing education for Northern Ireland, as recommended in a Strategy Planning Report by the post-qualification education and training sub-committee.

The report of the general purposes committee was presented by the president, Mr Corbett. The recommendations of the committee for the officers for 1986/87 were: President, Robert H. Clarke, MPS; vice-president, Joshua Kerr, FPS; honorary treasurer, George E. McIlhagger, FPS.

The treasurer presented the accounts for 1985-86. The surplus of income over expenditure for the year was £6,037 (1985 £11,550). Mr McIlhagger reported that an urban development grant had been applied for to help with repairs to the Society's House costing about £35,000.

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BUSINESS NEWS

Lloyds goes for full listing

Lloyds Chemists will be coming to the Stock Market early in November for a full listing. And the company opened its 100th store in Bristol on Thursday.

Lloyds announced their intention to go public with both pharmacies and drug stores earlier this year but at the time was aiming for the Unlisted Securities Market.

The new shop in Bristol is Lloyds' first in the area, and, says Allen Lloyd, the most up to date with its own consulting room. The shop will be managed by Nick Mortimer, a long serving Lloyds manager.

Coronation Street actress Liz Dawn (who plays Vera Duckworth) will perform a ribbon cutting ceremony on Saturday and declare the store officially open.

A negative response...

The United States Supreme Court has turned down a petition by Eastman Kodak asking for a review of the judgement of the court of appeals for the federal circuit, in the patent infringement suit brought by Polaroid in 1976 (see C&D January 18, p109).

In October 1985, the United States
District Court for Massachusetts held
seven Polaroid patents valid and
infringed, and stopped Kodak from
manufacturing, using, or selling instant
cameras and films that infringe any of 14
claims of the five patents that remain
current. On April 27 this year the US
Court of Appeals affirmed that judgement.

In the suit, originally filed in April 1976, Polaroid seek, as well as the injunction, treble damages plus costs and other relief. The separate trial on damages and other relief is in "pre-trial discovery stages," say Polaroid.

S&N deal done

Smith and Nephew have completed their deal to buy Richards Medical Company of Memphis, Tennessee, from Coopervision for \$283.9m. The company raised £127.1m on the London Stock Exchange by the issue of 110.6 million ordinary shares placed with major institutions. The rest of the purchase price was found from existing resources.



William Ransom and Son, celebrating their 140th anniversary this year, have opened a new laboratory complex. Pictured here are Professor J.D. Phillipson (right) of the Department of Pharmacognosy, the School of Pharmacy, University of London, who opened the complex. He is pictured with Susanna Stimpson and Dr K. Helliwell, head of research and development

Underwoods up in the interim

Underwoods' first interim results as a listed company show pre-tax profits up from £650,000 to just over film.

The profits, for the half year to July 31, are on turnover of £20.6m — up from £16.7m in the first six months of 1985.

Chairman Harry Woolf said the results were achieved in spite of extremely poor weather conditions, and, in London, a generally more difficult trading environment.

Eight new stores should be opened in the second half of this year and by the year end Underwoods expect to have refurbished 17 stores at a cost of £750,000.

Top Marques for Colorama

Top Marques is Colorama's new wholesale service offering customers daily delivery of a range of photographic goods.

Products from many of the major manufacturers will be available and the product range includes all types of film, video and audio cassettes, batteries, frames and albums.

A telesales team will be available to take orders, and a new catalogue is being sent to Colorama dealers.

Other chemists can obtain the catalogue from company representatives or from Colorama Processing Laboratories Ltd, 44 Lancaster Street, London SE1 ORP (tel 01-261 1082 and ask for Top Marques ext 237/211).

Scrambling counterfeiters

Counterfeit goods worth £100m are currently available in Britain, according to security printers Harrison & Sons, producers of a new security packaging system, Scrambled Indicia.

The company has joined with Lawson Mardon packaging and Avery Label Systems with the aim of supplying complementary security products to industry.

Scrambled Indicia, which uses a photographic process to scramble any chosen image so that it can only be decoded by using special viewers, can be incorporated into any printed material. "For pharmaceutical goods, the label, seal, pack and documentation can all be secured so distributors and retailers know that the product is genuine," the companies say.

Scrambled Indicia, which is endorsed by the Counterfeit Intelligence Bureau, has been used by Harrison & Sons for three years in the production of passports and other securities, without, they say, any fraudulent documents being discovered. Harrison & Sons Ltd, Harrison House, Coates Lane, High Wycombe, Bucks HP13 5EZ, Lawson Mardon Ltd, Clifton Down, Bristol BS8 3HJ, Avery Label Systems Ltd, Gardner Road, Maidenhead, Berks SL6 7BU.

Network — Shaded out

Shades International, the sunglasses firm, have ended their association with distributors
Network and formed their own sales and marketing department instead.

The new department will be headed by Vaughan Jackson as sales manager and will develop, say Shades, "a new and specialised service to the sunglass and optical trade through the UK".

Asked about the decision not to renew the sales agency contract with Network Management, managing director John Bowlt would make no comment other than to say it would be in the firm's interests to use its own marketing unit. "I'm very confident of what we're doing for the future, and it's encouraging that we can go out and develop this business," he commented.

Network had handled the Shades range in chemists since 1984.

BUSINESS NEWS

September's bright sales

High Street sales are showing their best growth for over two years, according to the September issue of the Confederation of British Industry/Financial Times survey.

"Retailers' expectations in August of even better sales in September have been confirmed by our survey," said John Salisse, chairman of the CBI's distributive trades survey panel. The balance reporting more sales went up to +66 per cent — the highest since July 1984 — and faster growth is predicted in October. Orders placed by retailers in September were well above expectations and the balance reporting stocks too high fell to its lowest level since the survey began.

As for wholesalers, they emerged from a relatively poor August with much better than expected sales for September. Growth in October was expected to be slightly slower. Their sales and volume of orders were both better than in the previous month. But stocks did not go up as much as expected; the balance reporting excessive stock was the same as in August.

A total of 631 people took part in the survey; retailing brought 369 respondents, and wholesaling 220. The rest were from motor trades.

Dixons snap up Supasnaps chain

Dixons, the electricals retailers, are paying out f4m for the Supasnaps chain of processors and developers.

The photographic chain consists of 344 stores and three processing laboratories, and is a subsidiary of American group 3M.

Dixons currently use mail order for most of their photo processing business, and also run the dealer service Horizon. They say the acquisition will add a fourth retail arm, joining the Dixons, Currys and Power City outlets.

Warner Lambert Ltd have awarded IDC Ltd a £2m design and management contract for work at their Parke Davis plant at Pontypool, Gwent. The contract calls for expansion of production facilities in the main manufacturing building, which follows the closure of Warner Lambert's Eastleigh Hants plant, and consolidation of production at Pontypool. Work is scheduled to be finished in October 1987.



Oswald "Ozzie" Logan, director of the National Association of Pharmaceutical Distributors (second right) helps with the prize draw at Sants' open day, held to celebrate the opening of a new counter products warehouse in Stoke-on-Trent. Watching the draw are (left to right) Mrs Jennifer Goldstraw, administration director, Mr John Hine, sales and operations director, Mr Gerald Brooks, sants' managing director and NAPD chairman, and Mrs Julie Bebbington, D.P. supervisor

New pay deal at J&J UK

A new pay structure has been worked out at Johnson & Johnson, blurring traditional lines between blue and white collar staff.

The deal, reported in an issue of the "Industrial relations review and report", has been agreed to by the three manual worker unions: the Transport & General Workers' Union; the Electrical Electronic Telecommunications and Plumbers Union; and the General Municipal and Boilermakers' Union. But the white collar union Apex has rejected the system and is continuing discussions with the company.

Under the deal, clerical asistants will be within the same salary grading as forklift truck drivers and gardeners; and some of the high earning employees will have their pay reduced and be compensated according to length of service.

The agreement marks the final move towards monthly cashless pay.

Aller • eze award

Intercare Products have won an "award for excellence" from magazine publishers IPC.

The award was given for the company's Aller • eze campaign, produced by Porton Advertising and backed by a television commercial. Whole and double page advertisements used an informative approach, telling consumers how to identify and avoid hayfever and other allergy-related symptoms.

An IPC spokesman said: "We gave the award for what we believed to be an outstanding campaign".

Smart card will soon be played

Medical records will be among the personal details crammed onto plastic "credit" cards in the near future.

Wallet-sized cards will soon be used for much more than credit and cash, according to a report by researchers
Sarah and Ronald Brown. Doctors will use terminals to read accident victims' blood group, drugs being taken and allergies.
And the same card will be used for all financial transactions — including bus and train fares and telephone calls. Details such as the holder's signature, fingerprint or voiceprint could be used for identification — or even the pattern of blood vessels on the retina.

Several types of "smart card" are now being developed, says the report — which predicts 20 million of them in France by 1990. The French company Bull has started to market its own version in the UK, and the British firm GEC claims a model superior to the French and Japanese cards available.

Access to company premises and computer databases will be among the new cards' functions, and specialised cards will give research and development information or financial details to the authorised employees.

In the US the security and access control sector will take off first, with several million cards being delivered in 1989, according to the researchers. "The smart card" (£134), Sarah Brown and Ronald Brown, Post-News, Stoke-sub-Hamdon, Somerset TA14 6BR.

Vestric on video

Vestric have brought out a sales video, in their push to recruit new members.

Presented by television broadcaster Gordon Burns, the video uses clips from the Vantage television commercial featuring the Walton sextuplets, and shows interviews with independent chemist members and consumers.

The video will be used by the Vantage sales team in the next few weeks as additional sales support.

The index of retail prices for all items for September 16, 1986 was 387.8 (1974 = 100). This represents an increase of 0.5 per cent on August 1986 (385.9) and an increase of 3.0 per cent on September 1985 (376.5).

COMING EVENTS

luition from he PSNI

The Pharmaceutical Society of forthern Ireland is organising a alf-day tutors course for harmacists intending to take on a re-registration student.

The course begins at 2.15pm on tecember 10 at PSNI headquarters, 73 Iniversity Street, Belfast BT7 1HL.

PSNI members must have been ccepted by Council, and have attended a stors course before employing pregistration students. Full details will be irculated to all members shortly.

Tuesday, October 28

College of Pharmacy Practice, Edinburgh tutor group, at 7.30 pm in doctors' common room, Western General, Edinburgh.

Pharmaceutical Society Tayside, refresher course for pharmacists, Ninewells Hospital, Dundee, 7.30 pm. "The hyperlipidaemias: coronary risk and treatment".

Thursday, October 30

Bradford & Halifax branch, National Pharmaceutical Association 8pm at the Victoria Hotel, Bridge Street, Bradford. Mr J. Milnes on the functions and workings of the Bradford LPC.

Advance Information

Ulster Chemist's Association. Presidential dinner and entertainment on November 5 at 7.30 pm at Dunadry Inn, Templepatrik, Co Antrim. Formal dress, cost is £15 per person. Details from the Secretary, CA, 73 University Street, Bellast. The Hanbury Memorial Medal Lecture of the Pharmaceutical Society of Great Britain on "Organic and pharmaceutical chemistry: The way ahead" by Lord Todd on November 5 at 7 pm at the Society's headquarters, 1 Lambeth High Street, London SEI 7NI.

The Royal Society of Medicine. "Healthy volunteer studies – where now?" a review of current developments, on November 12 at 6 pm at RSM, 1 Wimpole Street, London W1M 8NE

The Monica Britton Memorial Hall Exhibition of Medical History. "Pharmacy in Europe" on November 17 for six months. Open from 10.30 am-12 30 pm and 2-5 pm, Monday-Friday, Saturdays and evenings by arrangement, at Frenchay Hospital postgraduate centre, Bristol.

CBI. two-day Conference, "International competition law a policy", November 27-28 at CBI Headquarters, Centre Point, 103 Oxford Street, London WC1A LDU Cost is £250 + VAT for CBI or IBA members, and £275 + VAT non-members Further details from Louise Miller at CBI

Royal Society of Health "Adverse reaction to drugs and materials used in dentisty" by Mr R Haskell, consultant or a surgeon, Guy's Hospital, on December 4 at 6 30 pm at the Royal Society of Medicine, 1 Wimpole Street, London.

The Animal Health Distributors
Association hopes to hold at least two meetings in each of its 11 regions throughout the UK each year. Meetings are planned for Hertfordshire, Sussex and Gwynedd.

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Third time lucky for Mr Liu

Liverpool pharmacist Kenneth Liu has won a five year battle for a Basic Practice Allowance at his "China town pharmacy". And although pleased with the success of his appeal it comes at time when the BPA is likely to be phased out.

Mr Liu, who graduated from The Liverpool School of Pharmacy in 1979, opened Euro Chemists in a former ironmongers shop in November 1981. Before taking over the shop, he had approached the Liverpool Family Practitioner Committee and the Local Pharmaceutical Committee to ask if he would qualify for a BPA. He was told by both parties there would no be problem. Liverpool has the largest Chinese population outside of London, and the majority of middle-aged and elderly Chinese speak little English. A local doctor's practice had been requesting a pharmacy in the area for some time, and Mr Liu being fluent in the three dialects used locally, Cantonese, Mandarin and Hak Kar, would be able to advise patients on medical and personal healthcare matters. He was also willing to act as an interpreter for the local doctors.



Pharmacist Edwin Gould (left) claimed one of the largest prizes in this month's Unichem "Passport to riches" draw. He's pictured here with his wife June, receiving a cheque for £10,000 from Roger Metcalf, Unichem's Walthamstow branch general manager

He was understandably shocked when his application for a BPA was rejected by the FPC and LPC on the grounds that it did not strictly conform with regulations. A second application was rejected in spite of support of his MP, the local community, and local doctors.

Mr Liu says he was not leapfrogging any other pharmacies, and no other contractors in the area had any objections either to his pharmacy or his receiving BPA.

In July 1985 a third appeal was submitted on his behalf by the Andrew Johnson Practice Advisory Bureau, (an advisory and financial management service for GPs, dentists and chemists run by a former deputy adminstrator and finance officer of the Liverpool FPC). This appeal proved successful and Mr Liu was informed by the DHSS that "... the contractor does provide a pharmaceutical service at his pharmacy to a clearly identifiable population ... the ethnic Chinese population which would otherwise be provided with inadequate pharmaceutical services ..."

Mr Liu's payments have been backdated to the time of his third appeal (July 1985), and he is now appealing to get payments back-dated to November 1981. But his first BPA payment went to the Andrew Johnson Practice Advisory Bureau to cover costs of representation.

APPOINTMENTS

Richards and Appleby Ltd: Trevor D. Johnson is appointed joint managing director. Mr Johnson, was previously sales director of the Standard Soap Company.

Standard Soap Company: Peter Crichton is promoted to deputy managing director and will now be responsible for operations and contracts.

May & Baker: Alyson Hall, is appointed product manager for May & Baker's consumer range. She succeeds Ashley Wait who has become a product manager in the Ethical division.

Independent Hospital Group: Mr Anthony Byrne is the new chief executive. Since graduating in pharmacy from Chelsea College in 1961, Mr Byrne has worked in sales and marketing in the pharmaceutical industry with companies like Hoescht, Sandoz and Glaxo. More recently he has been responsible for the future healthcare division of market research and consultancy firm Milpro.



Pharmacist Mrs Sarla D. Patel received a colour television as her prize from the Chemex exhibition, from the manager of Pharmaceutical Packaging Leeds Ltd Paul McVicker. Also pictured are Mrs Patel's brother Mr Pradeep S. Patel, and staff member Mrs Barbara Atkinson

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